

IDEA Part C 2003-2004 Annual Performance Report



Submitted March 2005
by
Nebraska Department of Education
Nebraska Health and Human Services System

**Part C Annual Performance Report
Status of Program Performance
2003-2004**

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Cluster Area CI: General Supervision–GS.I

Question: Is effective general supervision of the implementation of the Individuals with Disabilities Education Act ensured through the Lead agency's (LA) utilization of mechanisms that result in all eligible infants and toddlers and their families having an opportunity to receive early intervention services in natural environments (EIS in NE)?

Probes:

- GS.I Do the general supervision instruments and procedures (including monitoring, complaint and hearing resolution, etc.), used by the LA, identify and correct IDEA noncompliance in a timely manner?**
- GS.II Are systemic issues identified and remediated through the analysis of findings from information and data collected from all available sources, including monitoring, complaint investigations, and hearing resolutions?
- GS.III Are complaint investigations, mediations, and due process hearings and reviews completed in a timely manner?
- GS.IV Are there sufficient numbers of administrators, service coordinators, teachers, service providers, paraprofessionals, and other providers to meet the identified early intervention needs of all eligible infants and toddlers and their families?
- GS.V Do State procedures and practices ensure collection and reporting of accurate and timely data?

State Goal: (for reporting period July 1, 2003 through June 30, 2004):

The Nebraska Co-lead Agencies (Co-leads) consisting of the Nebraska Department of Education (NDE) and the Nebraska Health and Human Services (HHSS) will maintain an effective general supervision system for compliance and data collection to ensure the utilization of mechanisms that result in all eligible infants and toddlers and their families have an opportunity to receive early intervention services in natural environments.

Performance Indicator(s): (for reporting period July 1, 2003 through June 30, 2004):

General Supervision instruments and procedures used by the co-lead agencies (Co-leads) identify and correct IDEA noncompliance in a timely manner.

1. Baseline/Trend Data: (for reporting period July 1, 2003 through June 30, 2004. *Use Attachment 1 when completing this cell for GS.I.*):

Monitoring: The Improving Learning for Children with Disabilities (ILCD) was implemented for Parts B and C. File reviews were conducted at four sites and surveys were reviewed for state distribution.

Complaints: If it is determined through a complaint investigation that a district is not fully implementing the requirements of Rule 51 or IDEA for Part C, the district is required to develop and implement a corrective action plan. The corrective action plans for early intervention must be reviewed by NDE and HHSS and indicates the timeline for completion of the corrective actions and must be approved by the Complaint Investigator assigned to the complaint. When a district is required to develop and implement a corrective action plan, the required activities are to be completed within the timelines contained in the approved plan.

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If it is determined through a complaint investigation that a contracting agency has failed to comply, there will need to be included in the notification of findings the specific steps which must be taken by the contracting agencies to bring the contracting agency into compliance, including technical assistance, negotiations and corrective actions. There were no complaints in early intervention during this time period.

Mediations: There were no mediations held for early intervention during 2003-2004.

Due Process Hearings: There were no due process hearings filed in early intervention during 2003-2004.

2. Targets: (for reporting period July 1, 2003 through June 30, 2004):

The Co-leads and special education stakeholders revised the monitoring system to fully integrate Part C with Part B. The resulting Improving Learning for Children with Disabilities (ILCD) process moved from an emphasis on procedural compliance and quality improvement to an emphasis on improved and sustained functional outcomes. The ILCD process includes a self-assessment, which relies on multiple sources of data (parent, services coordinator/ provider and planning region team surveys) and file reviews to gauge the effectiveness of early intervention services for infants and toddlers with disabilities. The ILCD also includes information from file reviews, complaint investigations, mediation, and information from due process hearings.

In the fall of 2003, the co-lead agencies continued to collaborate with the 18 educational service units (ESUs) and to train them to assist in the ILCD process. The Co-leads were involved in six meetings during the reporting period for the 18 ESUs so that training could occur with school districts. The Co-leads also met with the 29 planning region teams (PRTs), which included the 18 ESUs, serving birth to five to provide information and training about the ILCD process. While the educational service units are not making compliance determinations, they are facilitating the self-assessment with school districts and assisting in determining those areas in which improvement is necessary. The state maintains the responsibility of compliance.

The Part C file review process was updated and training material developed for Part B staff to assist in the merging of the ILCD.

3. Explanation of Progress or Slippage: (for reporting period July 1, 2003 through June 30, 2004):

The Co-leads are part of the ILCD monitoring process that is being used with all school districts, PRTs and services coordination. Training was provided to Part B staff and planning region teams around the early intervention file reviews.

4. Projected Targets: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going):

The ILCD process was implemented with the first group of planning region teams, school districts and services coordination contracting agencies. File reviews were conducted in four planning regions and six more will be done by May of 2005. The plan is to monitor all 29 planning regions and their school districts in a three-year cycle. The required corrective actions will be sent to school districts and planning region teams.

5. Future Activities to Achieve Projected Targets/Results: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going):

Regionally assigned staff and co-lead agencies will review file reviews and monitor the timeliness of corrective actions. There will also be a review of any complaints, mediations, and due process. The Co-leads will continue to meet with educational service units at least three times a year.

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Updates will be presented to the Special Education Advisory Council (SEAC), Early Childhood Interagency Coordinating Council (ECICC) and the Co-lead Agencies.

The ESU facilitators will continue training with services coordinators and planning region teams (PRTs) around the ILCD process. File reviews were conducted by the Co-leads at some sites by June 30, 2004, and will continue throughout 2004-2005. Updates on the process will be given to the SEAC steering committee as well as ECICC. Surveys for families, service coordinators/service providers and planning region teams are being submitted from the PRTs and scored by the educational service units during 2005-2006.

6. Projected Timelines and Resources: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going):

The Co-leads will continue to provide some funding for the collaborative project with the educational service units to facilitate the ILCD process. The Student Record System (SRS) for IFSPs and IEPs will continue to be updated to include new requirements from the reauthorization of IDEA for Part C. Complaint logs, mediation and due process information will be reviewed. File reviews will be conducted in seven more planning region teams, including Lincoln, the second largest school district in the state.

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Cluster Area CI: General Supervision–GS.II

Question: Is effective general supervision of the implementation of the Individuals with Disabilities Education Act ensured through the Lead agency's (LA) utilization of mechanisms that result in all eligible infants and toddlers and their families having an opportunity to receive early intervention services in natural environments (EIS in NE)?

Probes:

- GS.I Do the general supervision instruments and procedures (including monitoring, complaint and hearing resolution, etc.), used by the LA, identify and correct IDEA noncompliance in a timely manner?
- GS.II Are systemic issues identified and remediated through the analysis of findings from information and data collected from all available sources, including monitoring, complaint investigations, and hearing resolutions?**
- GS.III Are complaint investigations, mediations, and due process hearings and reviews completed in a timely manner?
- GS.IV Are there sufficient numbers of administrators, service coordinators, teachers, service providers, paraprofessionals, and other providers to meet the identified early intervention needs of all eligible infants and toddlers and their families?
- GS.V Do State procedures and practices ensure collection and reporting of accurate and timely data?

State Goal: (for reporting period July 1, 2003 through June 30, 2004):

The Nebraska Co-lead Agencies (Co-leads) consisting of the Nebraska Department of Education (NDE) and the Nebraska Health and Human Services (HHSS) will maintain an effective general supervision system for compliance and data collection to ensure the utilization of mechanisms that result in all eligible infants and toddlers and their families have an opportunity to receive early intervention services in natural environments.

Performance Indicator(s): (for reporting period July 1, 2003 through June 30, 2004):

Systemic issues are identified and remediated through the analysis of findings from information and data collected from all available sources, including monitoring, complaint investigations, and due process hearings.

1. Baseline/Trend Data: (for reporting period July 1, 2003 through June 30, 2004. Use Attachment 1 when completing this cell for GS.I.):

Nearly 10% of the infants and toddlers with disabilities receiving early intervention services are also being served in Nebraska's Home and Community Based Waiver program, of which there are two—the Home and Community-Based Waiver Services for Aged Persons or Adults or Children with Disabilities and the Early Intervention Waiver. The waiver programs offer eligible persons a choice between entering a nursing facility (NF) or receiving supportive services in their homes. Medicaid funding through the Nebraska Medical Assistance Program is used to fund either service option. The average cost of waiver services funded by Medicaid must not exceed the average cost to Medicaid for NF level of care. To be eligible for support through the waiver programs, a potential client must meet the following general criteria: (1) have care needs equal to those of Medicaid funded residents in Nursing Facilities; (2) be eligible for Medicaid; and (3) work with the services coordinator to develop an outcome-based, cost effective service plan. Nebraska uses the IFSP as the plan for the waiver;

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services coordinators in the Early Development Network are the services coordinators for the waiver program.

The waiver is part of the state's overall early intervention program. As a result, each agency providing services coordination for infants and toddlers enrolled in early intervention and receiving services through the Medicaid Home and Community Based Waiver was reviewed between April 2003 and August 2003. There were 113 files reviewed, representing all services coordination contracting agencies except one.

As reported in CC.I, physicians, hospital, and other health care providers combined made substantial referrals to the Early Development Network. Based on the referrals from the medical community, and Developmental TIPS, target monitoring was conducted on those infants and toddlers with medically complex conditions, who would be served in a waiver program.

The Quality Assurance process, developed in collaboration with the University Center for Excellence in Developmental Disabilities for the waiver is intended to identify whether standards are being met regarding the provision of services coordination and program services within a framework of accountability to the community that it serves and according to its contract with Health and Human Services. Reviews focus on the quality of services coordination and its impact on service outcomes for the family and child with a disability. The objective of the review is to assess quality of services coordination, as well as overall service provision as set forth in the state and federal guidelines established for the Medicaid Waiver Program.

The file review check sheet was developed in the Quality Improvement Process for the Part C Early Intervention Program in 1998-2001. Only the file review indicator that is specific to the waiver program was completed. When the file checklist is completed, the indicators are integrated into an overall report. This review was completed to determine the presence of quality assurance guidelines for completion of services coordination and for 9 client outcomes. The file review is based on a review of records. The outcome review is based on the files reviewed. File numbers are indicated for file review findings requiring action or findings that are exemplary.

The report contains a summary of program strengths, findings requiring action, and recommendations for quality enhancement and contract compliance. Summaries are simply an encapsulation of what the review finds. File reviews from the Part C Quality Improvement completed in 1998-2001 were compared with the current target monitoring process.

The report may identify areas of service delivery that will require changes in procedures. Action plans have been developed to make the changes needed as identified in the Findings Requiring Action. The plans were due 30 days from the date of the report.

When developing action plans, the following questions were used to help guide the process:

1. Do the actions require procedural changes?
2. Do the actions require updates in client files?
3. What measures will be necessary to begin implementation of the actions?
4. Do Services Coordinators require additional training?
5. What actions need to be worked on in conjunction with assisted living providers?
6. What actions will require implementation of changes by an organization?
7. When will implementation of actions begin?

Currently, twenty-two (22) services coordinating agencies serve the 29 planning regions across the state. These agencies are made up of hospitals, Head Start, health departments, community action agencies, educational service units (ESUs), and public schools. All contractors were reviewed except one, which had no infants and toddlers being served in a waiver program. Analyzing the data, there

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were areas that did not meet expectation. All contractors have submitted a corrective action plan, and will be submitting a 6-month report. Below are the results of the file review and the outcome review.

Table 1-CI:GS.II

File Review Summary

1. Medicaid Eligibility 480NAC 5-002A, 5-003.A4B <ul style="list-style-type: none"> • Proof of eligibility present prior to authorization of services • File Checklist #56 	92.92%
2. Timely Response 480NAC 5-003.A3 <ul style="list-style-type: none"> • Initiated within 7 days of referral • File Checklist # 1 	97.34%
3. Child Level of Care 480NAC 5-003.A2c, 5-0032.A3j <ul style="list-style-type: none"> • Complete • File Checklist #57 	90.26%
4. Needs Assessment 480NAC 5-003.A2-3 <ul style="list-style-type: none"> • Referral Date • Assessment Date • Completion of Each Area • File Checklist # 6,8,12,14,15,16,17,18,19 	74.35%
5. CAP Worksheet 480NAC 5-003. <ul style="list-style-type: none"> • All Authorized Services Included • File Checklist # 58 	90.00%
6. Plan of Services & Supports 480NAC 5-005.B3j <ul style="list-style-type: none"> • Assessed Needs Covered • Individualized Goals • Adequate Action Plans • Client/family Involved • Progress follow-up • File Checklist # ,8, 12, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 	74.07%
7. Annual Review 480NAC 5-001.Eq <ul style="list-style-type: none"> • Review done within a year • File Checklist # 5,11 	96.62%
8. Valid Consent 480NAC 5-003.A4c <ul style="list-style-type: none"> • Valid signature • Completed prior to authorization • File Checklist # 40, 59 	94.44%
9. Narrative 480NAC 5-004 #9 <ul style="list-style-type: none"> • Contact as Applicable • Service Coordination Activities • Progress Notes • File Checklist # 1,19,28,37,44,45,47 	93.24%
10. Services Coordination Billing 480NAC 5-003.Aaj <ul style="list-style-type: none"> • Billing present & correct • File Checklist # 28 	96.46%

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Table 2–CI:GS.II
Outcome Review Summary

1. Children Are Valued 480 NAC 5-00B, 001E1h, 003.A4a, 003.Ab <ul style="list-style-type: none"> Children/families are treated with respect Confidentiality is maintained at all levels Children/families have an impact on services provided File Checklist # 6,1419,36,3943,48,51,60 	90.14%
2. Children Remain with their Families 480 NAC 5-003.a7b, .a7c, .a7d, .a7g, .005.B <ul style="list-style-type: none"> Support services are provided to caregivers that enable them to care for children in their home Children's needs are met in the home File Checklist # 6,12,14-19,20-27 	72.69%
3. Children and Families Have Choices & Are Valued Decision Makers <ul style="list-style-type: none"> Children/families make decisions that are important to them Children/families are involved at all levels & determine their level of involvement of service coordination & service provision Children/families gain the abilities to obtain the services needed to best care for the children in their home File Checklist # 1,6,40,41,43,51 	92.33%
4. Individualized Goals are Based on Children's and Families' Priorities <ul style="list-style-type: none"> Children's/families' goals are individualized Goals address identified needs Action plans are adequate to address goals Actions addressing goals are taken Changes are made in the Plan as children's/families' needs change File Checklist # 6,8,12,14-19,20,27 	74.89%
5. Children Experience Optimal Health 480 NAC 5-003.A4a, .A7b. <ul style="list-style-type: none"> Children receive health care services that are responsive to their needs Children maintains optimal health Children/families are satisfied with medical care received File Checklist # 6,8 	73.89%
6. Children are Safe in the Home 480 NAC5-003.A4a, 003.A7b <ul style="list-style-type: none"> Safety needs identified are addressed in the plan Actions are taken to ensure safety Referrals are made to Children's Protective Services as appropriate File Checklist # 6, 8, 22, 44, 45 	82.20%
7. Children and Families are Connected to Their Community 480 NAC 5-003.A4c <ul style="list-style-type: none"> The child/family is supported in connecting to community activities Non-waiver resources in the community are used The child/family is supported to gain services from schools & services are coordinated with schools Transition plans are included in services coordination as needed File Checklist # 6, 12, 20, 22, 29, 31, 32, 33, 34, 35, 39 	70.01%
8. Children and Families Exercise Their Rights & Responsibilities 480 NAC 5-003D, 003.xx, .003.c1, 003.A4 <ul style="list-style-type: none"> Children/families understand their waiver program rights Children/families understands their services coordination rights Children/families exercise their rights & responsibilities File Checklist # 14, 39, 40, 41, 42, 43, 48, 51, 59, 60 	96.46%

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2. Targets: (for reporting period July 1, 2003 through June 30, 2004)

- Completed the ILCD process for merging Part B and Part C monitoring systems.
- Completed reviews of the Home and Community Based Waiver Services for Aged Persons or Adults or Children with Disabilities and the Early Intervention Waiver.

3. Explanation of Progress and Slippage: (for reporting period July 1, 2003 through June 30, 2004)

The Co-leads and special education stakeholders revised the monitoring system to fully integrate Part C with Part B. The new process included a self-assessment, which relied on multiple sources of data through surveys and file reviews. The process also allowed information from complaint investigations, mediation, and due process hearings. The Co-leads also revised the file review process and the indicators that were to be used in the site visits. Training was conducted with the Part B staff on how to review the IFSP files and how to use the indicators. After the staff training was completed, the first site reviews were arranged to conduct file reviews. There were five planning regions involved in file reviews, and training on the process was held before the actual review. After the file reviews were conducted, an exit interview was held to let the regions have information about some of the findings. Some possible trends were identified that would require technical assistance and training which included measurable functional outcomes and frequency and intensity as part of the transdisciplinary model.

Home and Community Based Waiver Services for Aged Persons or Adults or Children with Disabilities and the Early Intervention Waiver file review was monitored through the following process. Each agency providing services coordination for infants and toddlers enrolled in EI and receiving services through the Home and Community Based Waiver Services for Aged Persons or Adults or Children with Disabilities and the Early Intervention Waiver were reviewed for compliance. Between April and August 2003, 113 files were reviewed in a desk audit. Letters were sent to the agencies out of compliance requesting a corrective action plan within 30 days. An on-site review was conducted to determine if corrective actions had been implemented. Those still found out of compliance received contractual letters identifying the areas out of compliance and requiring a corrective action plan be filed within 14 days in order to retain their contract.

4. Projected Targets: (for reporting period July 1, 2004 through June 30, 2005)

- Data will be analyzed from the five planning region teams obtained during the current reporting period. In addition, six additional planning region teams (including Lincoln) will go through a file review process and be analyzed for compliance. The three Part C surveys will be sent out by the LEAs to obtain perceptual data.
- The Co-leads will be developing a state outcome measurement system to be used with children with disabilities ages birth to five.
- Contracting agencies that need improvement in certain areas will be reviewed with the focus on coordination on medically complex infants and toddlers who are receiving EI services.

5. Future Activities to Achieve Projected Targets/Results: (for reporting period July 1, 2004 through June 30, 2005)

- Surveys, file reviews and dispute resolution data will be triangulated to review compliance and gaps and barriers to services. The request for a corrective action plan will be sent to the LEAs and services coordination contractors within 30 days of the file review and the LEAs and services coordination contractors will have 30 days to submit a corrective action plan.

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- The state will hold a stakeholders meeting to share information about the Early Childhood Outcomes (ECO) Center and provide information about national demands for accountability on Part C and 619 programs. The state will request assistance from NECTAS to assist in this process.
- Regional technical assistance workshops will be conducted with services coordinators to review working with medically complex infants and toddlers and their families. The workshops will be conducted with Part C staff and pediatric nurses.
- The IFSPs that are submitted to HHSS for a waiver eligibility determination will be reviewed by Part C staff for the quality of services coordination as well as overall service provision. Feedback letters will be sent to the services coordinator supervisors to review with their staff.

6 Projected Timelines and Resources: (for reporting period July 1, 2004 through June 30, 2005)

Schedule on-site file reviews with LEAs and Service Coordination Contractors at the following sites: Columbus, Norfolk, Ainsworth, Wayne and Neligh, Milford, Auburn Beatrice and Lincoln and Hastings. The LEAs will be sending out three Part C surveys to coordinate with the file reviews.

Two stakeholder groups will meet in March 2005 to address the development of the state outcome measurement system. A state team will attend training in Salt Lake City to receive further training on early childhood outcomes.

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Cluster Area CI: General Supervision–GS.III

Question: Is effective general supervision of the implementation of the Individuals with Disabilities Education Act ensured through the Lead agency's (LA) utilization of mechanisms that result in all eligible infants and toddlers and their families having an opportunity to receive early intervention services in natural environments (EIS in NE)?

Probes:

- GS.I Do the general supervision instruments and procedures (including monitoring, complaint and hearing resolution, etc.), used by the LA, identify and correct IDEA noncompliance in a timely manner?
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- GS.III Are complaint investigations, mediations, and due process hearings and reviews completed in a timely manner?**
- GS.IV Are there sufficient numbers of administrators, service coordinators, teachers, service providers, paraprofessionals, and other providers to meet the identified early intervention needs of all eligible infants and toddlers and their families?
- GS.V Do State procedures and practices ensure collection and reporting of accurate and timely data?

State Goal: (for reporting period July 1, 2003 through June 30, 2004):

The Nebraska Co-lead Agencies (Co-leads) consisting of the Nebraska Department of Education (NDE) and the Nebraska Health and Human Services (HHSS) will maintain an effective general supervision system for compliance and data collection to ensure the utilization of mechanisms that result in all eligible infants and toddlers and their families have an opportunity to receive early intervention services in natural environments.

Performance Indicator(s): (for reporting period July 1, 2003 through June 30, 2004):

Nebraska had no complaints, mediations or due process hearings in Part C during 2003-2004.

1. Baseline/Trend Data: (for reporting period July 1, 2003 through June 30, 2004. *Use Attachment 1 when completing this cell for GS.I.*)

Complaints: No complaints were filed during 2003/2004.

Mediation: No mediations were conducted in 2003-2004.

Due Process Hearings and Reviews: There were no due process hearings in Part C held during 2003-2004. Data going back to 1998 reflects the same information.

2. Targets: (for reporting period July 1, 2003 through June 30, 2004)

Continue to provide information to Planning Region Teams and services coordinators about the complaint, mediation and due process procedures.

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3. Explanation of Progress or Slippage: (for reporting period July 1, 2003 through June 30, 2004)

Effective technical assistance is provided to parents and LEAs by NDE, ESUs, Parent Training and Information Center (PTI), and the Mediation Centers to assist in meeting the requirements of IDEA.

Hearing Officers and Complaint Investigators participated in various training opportunities offered through national conferences, state workshops, and teleconference calls. Mediation was also a training topic at a law conference in September of 2004 (special education mediators as well as staff from LEAs, ESUs and the SEA attended).

4. Projected Targets: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going)

Nebraska will continue to maintain a timely completion rate for the Dispute Resolution procedures.

5. Future Activities to Achieve Projected Targets/Results: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going):

- Nebraska will continue to review data around any complaint investigation(s), mediation(s) and due process hearing(s).
- Mediation Center staff will continue outreach activities and training for parents and school staff. Mediators will participate in professional development to strengthen special education mediation skills.
- Technical assistance will be provided by NDE, ESUs, PTI, and the Mediation Centers.
- The Co-lead agencies will ensure that issues raised by families, Planning Region Teams, and services coordinators within each region are addressed consistently.
- Dispute resolution will be addressed as families are assisted in developing a better understanding of the early intervention process.

6. Projected Timelines and Resources: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going)

Nebraska will maintain effort noted above and use data to guide informed decisions regarding future improvement as needed.

Resources include:

- Technical assistance
- Data collection methods
- Professional development for Mediation Center staff
- Professional development for complaint Investigators and Co-lead staff
- PTI-Nebraska
- Educational Service Units
- MPRRC
- OCR
- OSEP
- Positive communication with LEAs
- Funding for Mediation Centers
- Funding for Dispute Resolution training

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Cluster Area CI: General Supervision–GS.IV

Question: Is effective general supervision of the implementation of the Individuals with Disabilities Education Act ensured through the Lead agency's (LA) utilization of mechanisms that result in all eligible infants and toddlers and their families having an opportunity to receive early intervention services in natural environments (EIS in NE)?

Probes:

- GS.I Do the general supervision instruments and procedures (including monitoring, complaint and hearing resolution, etc.), used by the LA, identify and correct IDEA noncompliance in a timely manner?
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- GS.V Do State procedures and practices ensure collection and reporting of accurate and timely data?

State Goal: (for reporting period July 1, 2003 through June 30, 2004):

The Nebraska Co-lead Agencies (Co-leads) consisting of the Nebraska Department of Education (NDE) and the Nebraska Health and Human Services (HHSS) will maintain an effective general supervision system for compliance and data collection to ensure the utilization of mechanisms that result in all eligible infants and toddlers and their families have an opportunity to receive early intervention services in natural environments.

Performance Indicator(s): (for reporting period July 1, 2003 through June 30, 2004):

There are sufficient numbers of administrators, service coordinators, teachers, service providers, paraprofessionals, and other providers to meet the identified needs of all eligible infants and toddlers and their families.

1. Baseline/Trend Data: (for reporting period July 1, 2003 through June 30, 2004. *Use Attachment 1 when completing this cell for GS.I.*):

Information from Planning Region Teams and Training Institutions indicate that there have not been shortages of administrators, services coordinators, teachers, services providers and paraprofessionals. In some rural and remote areas however, there are times when personnel are not available.

Data from the NDE 1998 Special Education Statistical report showed there is less than a 4% vacancy rate for special education teachers. University of Nebraska-Lincoln (UNL) conducted three surveys of vacancies. The first was conducted in February of 2001, the second the following October, and the third in the fall of 2002. In February of 2001, 28 positions (including speech-

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language pathology and early childhood special education) were vacant. This figure reduced to 17 positions in October 2001 and Fall 2002.

The Nebraska Department of Health and Human Services contracts with one agency per planning region for the provision of services coordination in the state. The planning team identifies the potential agency to provide services coordination for the region.

The services coordinator is employed and assigned by the early intervention contracting agency. Nebraska's policies and procedures are designed and implemented to ensure that services coordinators are able to effectively carry out on an interagency basis the function and services as described in 480 NAC 10-000. Services coordinators must have demonstrated knowledge and understanding about (1) infants and toddlers who are eligible for Part C; (2) the Part C law and regulations; and (3) the nature and scope of services available under the state's early intervention program, the system of payment for services in the state, and other pertinent information.

One full-time equivalent (FTE) caseload is recommended as 1:30 children to ensure that the needs of eligible children and their families can be met.

Currently in Nebraska, there are 111 services coordinators across the state in the 29 planning regions. Among the 111 services coordinators, 9 of them are also supervisors.

2. Targets: (for reporting period July 1, 2003 through June 30, 2004)

Sufficient number of administrators, service coordinators, teachers, service providers, paraprofessionals, and other providers are available to meet the identified early intervention needs of all eligible infants and toddlers and their families.

Data on personnel is collected through the Improving Learning for Children with Disabilities (ILCD) assessment and through information from Planning Region Teams. The Co-leads continue to monitor the number of cases per Services Coordinator. The Co-leads continue to provide training opportunities for Services Coordinators and Supervisors and other Part C personnel.

In 2004 the University of Nebraska at Kearney (UNK) received a professional development grant from the U.S. Department of Education. This grant supports up to 150 Head Start teachers and assistant teachers as they pursue two-year and four-year degrees in early childhood education. The grant is also working to expand the articulation agreements in place between two-year and four-year institutions of higher education in Nebraska. Initial efforts will be to identify teacher competencies for any student to complete and then articulate courses from there. All public institutions of higher education are participating in this grant.

3. Explanation of Progress or Slippage: (for reporting period July 1, 2003 through June 30, 2004)

Several special projects implemented through NDE or institutions of higher education are (or have contributed to) addressing recruitment, retention, and professional development of special education personnel. The Nebraska Partnership for Quality Teacher Education grant reviewed certification policies. The University of Nebraska-Lincoln continued a Personnel Preparation grant to prepare speech-language pathologists. This UNL project focused on preparing personnel for hard-to-fill positions in rural and urban areas. Natural Allies, a Project of National Significance for early childhood teachers, provides assistance to community colleges in training and support on infusing exceptionality into their coursework and practica to address the needs of young children with disabilities. Paraprofessionals will also receive additional assistance through the T.E.A.C.H. Early Childhood ® NEBRASKA (Teacher Education And Compensation Helps) program that assists paraprofessionals to obtain a 2-year degree in early childhood through financial and other supports.

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T.E.A.C.H. Early Childhood Nebraska

Nebraska has continued to offer T.E.A.C.H. Early Childhood® NEBRASKA scholarships for people pursuing an associate's degree. At the end of 2004 there were 191 active scholars in the program. Scholars reside in over 46 of Nebraska's 93 counties. Funding was expanded due to support from three private foundations in Nebraska. During 2004, T.E.A.C.H. Early Childhood® NEBRASKA scholars earned over 1,600 credit hours toward their associate's degree. Eleven T.E.A.C.H. Early Childhood® NEBRASKA students graduated from their community college.

During 2004, T.E.A.C.H. Early Childhood® NEBRASKA worked with the Metropolitan Community College in Omaha to develop a Spanish series of Early Childhood Education courses. Ten to fourteen students from early childhood centers serving primarily Spanish speaking students have participated in the courses. T.E.A.C.H. Early Childhood® NEBRASKA hopes to begin offering a bachelor's degree scholarship to assist students as they complete their Associate's degree in moving toward that four year degree.

Natural Allies

The Natural Allies, a project funded through Frank Porter Graham Center in Chapel Hills, North Carolina, has continued to incorporate course information that focuses on children with disabilities into Early Childhood Education programs at community colleges. Nebraska community colleges have established ten core courses that will be offered at all community colleges in Nebraska. The ten core courses include a class on children with exceptionalities, a course on guidance and assessment, and a class on working with families and communities. All three courses address the needs of children with disabilities. A Nebraska-Iowa Natural Allies Faculty Development Institute held September 30 and October 1, 2004 in Omaha, was focused around quality practica experiences, infusing standards into curricula, and ensuring diverse practice experiences to address working with children with disabilities and their families.

The Family Connections project in northeast Nebraska has trained families to present a family's story as part of college courses. Wayne State College was instrumental in helping to establish this program. Several courses at Wayne are now utilizing the families as a regular part of their course instruction. Articulation agreements were established between the University of Nebraska at Kearney and four community colleges in Nebraska because of the efforts of the Natural Allies participants.

Although there may currently be limited personnel shortages in the state, there is evidence that this will likely change within the next 5 to 10 years. First, changes in the teacher retirement system ('The Rule of 85') combined with large numbers of teachers in the retirement age range are expected to affect 31% of special education teachers who will be eligible to retire in the next 10 years. Second, deans of many of the state's teacher education programs have reported smaller enrollment of students in undergraduate and graduate teacher education programs in the past three years. Thus, fewer teachers in all endorsed areas will graduate and seek employment. The new information on highly qualified staff will also impact new personnel going into the program.

Training on CAPTA began in June of 2004 by bringing a stakeholders group together to look at protocols for the process. Protection and Safety and the Co-leads along with the Early Childhood Training Center (ECTC) worked together to bring cohesion to the CAPTA process. Training occurred with Protection and Safety personnel. The last meeting for all stakeholders was held in January 2005 and the CAPTA process was presented at the NECTAS meeting in February of 2005.

4. Projected Targets: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going)

- Nebraska will maintain sufficient numbers of administrators, service coordinators, teachers, service providers, paraprofessional, and other providers to meet the identified early intervention needs of all eligible infants and toddlers and their families in the state.

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- Nebraska will continue to improve data collection and analysis regarding sufficient numbers of administrators, service coordinators, teachers service providers, paraprofessionals and other providers to meet the identified early intervention needs of all eligible infants and toddlers and their families in the state.
- Nebraska will continue to support *Heads Up Reading* and *Early Childhood Connections* as part of paraprofessional's training for serving infants and toddlers with disabilities.
- The Head Start State Collaboration Office (HSSCO) is providing leadership for developing Memoranda of Agreements at the state level between Head Start and programs that serve preschoolers, infants and toddlers with disabilities. The HSSCO is supporting Head Start Disabilities Networking sessions to address local MOA efforts and other partnership and training issues.
- Nebraska will continue to provide additional training and technical assistance in vision, hearing and autism to update skills for professionals who serve infants and toddlers with low incidence disabilities. There will also continue to be a 5-day institute for Deaf-Blind at UNL which includes training for infants and toddlers.
- Nebraska will maintain the IFSP tutorial, which is on a website and used with families and new services coordination and new providers.

5. Future Activities to Achieve Projected Targets/Results: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going)

- Nebraska will explore and study possible programs/strategies that may enhance special education personnel recruitment and retention.
- Nebraska will continue to monitor personnel shortage areas and study feasibility of implementing additional strategies for retention and recruitment in the future. Nebraska will continue to monitor shortages of licensed professional personnel.
- NDE will continue to support UNL Teachers' College efforts to collect consistent statewide teacher shortage information.
- NDE will continue to support T.E.A.C.H.
- Nebraska will continue to support personnel who work with infants and toddlers with disabilities in the areas of autism, vision, hearing and deaf-blindness. Professionals will receive training and technical assistance that relates directly to their position and will allow them undergraduate or graduate credit or in-service credit.
- Nebraska will continue Natural Allies to address increasing the focus at community colleges in early childhood education programs in preparing students to serve children with special needs. There will also be efforts on increasing the articulation of courses between two-year and four-year colleges around early childhood education.
- Nebraska will continue to access information/data regarding qualified special education personnel from the NDE's web-based teacher employment program, Teacher World.
- The Co-leads will continue to use the IFSP Web site as a piece of services coordinator's training. Training will be scheduled based on needs identified through monitoring, program planning and the development of improvement strategies.

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- A proposal has been made to provide training for nurses in 2005 because of a concern about nursing shortages and lack of training around infants and toddlers with disabilities.

6. Projected Timelines and Resources: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going)

Nebraska will maintain sufficient numbers of administrators, service coordinators, teachers, service providers, paraprofessionals and other providers to meet the identified early intervention needs of all eligible infants and toddlers and their families. The ECICC will review information from a task force on personnel shortages and this information will be shared with the Gaps and Barriers Committee.

Resources include funding the Early Childhood Training Center to provide training for all personnel including services coordinators in Part C through various approaches, including institutes, conferences, regional meetings and assistance at specific sites. Planning Region Teams will also provide training through capacity building grants that relate to specific training that is necessary for regional specific issues. Boys Town will continue to assist families of infants and toddlers that are hard of hearing or deaf. The School for the Visually Impaired will also continue to provide training and technical assistance for families of infants and toddlers with low vision or blindness. The regional programs for autism also work closely with early intervention in providing needed training. Teachers College at UNL will continue an update on shortages and the personnel report, which is submitted each fall through NDE and is used to track shortages.

Other resources include CARRSEP (Center for Assistance in Recruiting and Retaining Special Education Personnel), Health and Human Services, ILCD-Inquiry #8 General Supervision: Personnel, and OSEP.

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Cluster Area CI: General Supervision–GS. V

Question: Is effective general supervision of the implementation of the Individuals with Disabilities Education Act ensured through the Lead agency's (LA) utilization of mechanisms that result in all eligible infants and toddlers and their families having an opportunity to receive early intervention services in natural environments (EIS in NE)?

Probes:

- GS.I Do the general supervision instruments and procedures (including monitoring, complaint and hearing resolution, etc.), used by the LA, identify and correct IDEA noncompliance in a timely manner?
- GS.II Are systemic issues identified and remediated through the analysis of findings from information and data collected from all available sources, including monitoring, complaint investigations, and hearing resolutions?
- GS.III Are complaint investigations, mediations, and due process hearings and reviews completed in a timely manner?
- GS.IV Are there sufficient numbers of administrators, service coordinators, teachers, service providers, paraprofessionals, and other providers to meet the identified early intervention needs of all eligible infants and toddlers and their families?
- GS.V Do State procedures and practices ensure collection and reporting of accurate and timely data?**

State Goal: (for reporting period July 1, 2003 through June 30, 2004):

The Nebraska Co-lead Agencies (Co-leads) consisting of the Nebraska Department of Education (NDE) and the Nebraska Health and Human Services (HHSS) will maintain an effective general supervision system for compliance and data collection to ensure the utilization of mechanisms that result in all eligible infants and toddlers and their families have an opportunity to receive early intervention services in natural environments.

Performance Indicator(s): (for reporting period July 1, 2003 through June 30, 2004):

State procedures and practices ensure collection and reporting of accurate and timely data.

1. Baseline/Trend Data: (for reporting period July 1, 2003 through June 30, 2004. *Use Attachment 1 when completing this cell for GS.I.):*

The development of CONNECT for services coordination provided within the Early Development Network (EDN) was a collaborative effort between the Nebraska Department of Education (NDE) and the Health and Human Services System (HHSS).

The CONNECT (Coordinating Options in Nebraska's Network through Effective Communications and Technology) system through Health and Human Services assisted services coordinators in their work with children and adults. CONNECT tracked referrals, verifications, diagnosis, services being provided and services that were needed but not available. CONNECT collected data and made reports available, but its primary purpose was to give services coordinators access to information on other services the child and family is receiving and enable easier coordination. Direct billing for services coordination through CONNECT was an added feature that saved time and helped to ensure accuracy.

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Services Coordinators were required to update existing information at least once every six (6) months until: 1) the child did not verify; 2) the child died; 3) the child's family moved from the coordinator's Early Childhood Planning Region; 4) the child no longer needed EDN services; or 5) the child transitioned out of EDN. "Reports" generated from CONNECT reflected information pertaining only to those cases that were open/active since September 1, 2002 or referrals made since that time.

Other Data Collection

The focus has continued to be the improvement of data collection and analysis. For many years, Nebraska has had in place a state student information system (Special Education Student Information System – SESIS). Through the use of this system, Nebraska has been able to report infant and toddlers information as required by OSEP. The CONNECT system developed for services coordinators has already begun generating important information for early intervention. By working collaboratively with ESU #1 on a statewide, web-based process, the necessary planning process forms (e.g., IFSP, Notice, Consent, etc.) will improve the amount of information that can be retrieved from both systems and increase efficiency in reporting while retaining accuracy. Additional information sources are shown in Table 1.

Table 1–CI:GS.V
Data Collection Requirement and Timelines

DUE DATE:	REQUIRED DATA SUBMISSION:
September 1	Contact Person for Special Education Student Information System
October 1	Special Education Final Financial Report for Children with Disabilities Birth to Age Five
October 15	Assurance Statement for use by Public School and ESU's which Operate Early Childhood Education Programs
December 1	Certification of Expenditures for Children with Disabilities Birth to Age Five
March 1	Certification of Expenditures for Children with Disabilities Birth to Age Five
May 15	Service Agency Application
June 1	Certification of Expenditures for Children with Disabilities Birth to Age Five
As Required	Report of Certificated Staff Hired After September 15
As Required	Special Education Student Information System (SEIS)
As Required	Special Education Application for Transportation of Children with Disabilities
As Required	Early Childhood Care and Education Grant Application
As Required	State Early Childhood Education Grant Program Report of Children Enrolled

2. Targets: (for reporting period July 1, 2003 through June 30, 2004):

The Special Education Student Information System (SEIS) was updated to meet all of the OSEP data requirements in both Parts B and C. This information will include better information about settings in early intervention. There was training given to data managers about submitting accurate and complete data as part of SEIS.

3. Explanation of Progress or Slippage: (for reporting period July 1, 2003 through June 30, 2004)

Nebraska updated the Special Education Student Information System (SEIS) to meet all OSEP data requirements and make the system easier to use and provide fewer opportunities for data

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error. Additionally, the Special Populations Office developed a web based information system for file reviews and surveys that could be used by districts conducting an ILCD Self-Assessment. The Co-leads continued to use both CONNECT and SESIS as sources of data for early intervention.

4. Projected Targets: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going)

- Continue reporting accurate and complete data through the Special Education Student information System (SEIS) collection system.
- Continue the development of the ILCD website and train persons at the school districts to enter accurate and complete data and train staff to review on-line data and analyze information to improve services.
- Continue to use the CONNECT system.

5. Future Activities to Achieve Projected Targets/Results: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going):

The new SESIS website was completed in September 2004. There will be technical assistance activities in statewide regional workshops with all OSEP data revisions concerning the reporting of accurate data and the use of the ILCD website for file reviews and surveys. There will be continued support of ESU #1 in the development of a web-based student record system containing all of the necessary forms (i.e. IFSP, Notice, Consent, etc.). Work will continue with OSEP and WESTAT to ensure data reporting is aligned with new federal requirements.

6. Projected Timelines and Resources: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going):

Timelines specified in #5.

Resources will include the Co-leads, ILCD staff, ESU ILCD facilitators, the NDE/ESU Collaborative project, Planning Region Teams, Mountain Plains Regional Resource Center, WESTAT, ESU #1 SRS staff.

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Cluster Area CII: Comprehensive Public Awareness and Child Find System–CC.I

Question: Does the implementation of a comprehensive, coordinated Child Find system result in the identification of all eligible infants and toddlers?

Probes:

CC.I Is the percentage of eligible infants and toddlers with disabilities that are receiving Part C services comparable to State and national data for the percentage of infants and toddlers with developmental delays?

CC.II Is the percentage of eligible infants with disabilities under the age of one that are receiving Part C services comparable with State and national data?

State Goal: (for reporting period July 1, 2003 through June 30, 2004):

Nebraska will have a comprehensive, coordinated Child Find system resulting in the identification of all eligible infants and toddlers.

Performance Indicator(s): (for reporting period July 1, 2003 through June 30, 2004):

The percentage of eligible infants and toddlers with disabilities that are receiving Part C services is comparable to state and national data for the percentage of infants and toddlers with developmental delays.

1. Baseline/Trend Data: (for reporting period July 1, 2003 through June 30, 2004. *Use Attachment 1 when completing this cell.*)

Nebraska has implemented a comprehensive, coordinated Child Find system resulting in the identification, evaluation and assessment of all eligible infants and toddlers. Systems Support Change Grants are provided to the Planning Regions to supplement funding for special projects, including Child Find activities. Child Find is a state led, regionally implemented set of activities to get early intervention information to the public, medical, school and child care providers. Regions use several public information strategies.

For the third straight year, Nebraska has increased the number of infants, toddlers and their families receiving early intervention services. There has been a 13 % since 2001 (see Table 1).

Table 1–CII:CC.I

Count of Verified Infants and Toddlers

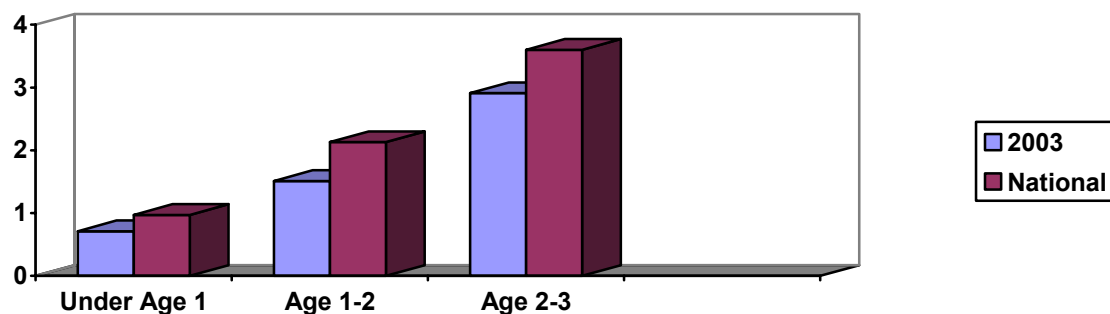
	1998	1999	2000	2001	2002	2003
Under Age 1	70	121	105	163	184	176
Age 1-2	264	283	375	327	354	374
Age >2	494	548	705	625	623	710
Total	828	952	1185	1115	1161	1260

Information for this chart is from SESIS Count

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The benchmark for all infants and toddlers receiving early intervention services is 2% as determined by the Office of Special Education Programs (OSEP). According to OSEP, Nebraska is serving 1.70% of the birth to age three population in the Early Development Network for 2003. This is a slight increase from 2002 which reported 1.62%. As seen in Figure 1, Nebraska is just below the National Benchmark. Nebraska is among 27 states and/or territories serving between .64% through 1.95% of infants and toddlers with disabilities and their families in Part C.

Figure 1-CII:CC.I
Percent of Infants and Toddlers December 1, 2003



Infants and toddlers receiving early intervention services in accordance with Part C are identified in Table 2.

Table 2-CII:CC.I
Infants and Toddlers Receiving Early Intervention Services

	Total			Age as of December 1, 2003		
				Birth to 1 (12 months)	1 to 2 (>12 and 24 months)	2 to 3 (>24 and 26 months)
Total (Rows 1-5)	1260	% in EDN	% Total in NE	176	374	710
1. American Indian or Alaska Native	18	1.42	0.9			
2. Asian or Pacific Islander	20	1.5	1.3			
3. Black (Not Hispanic)	56	4.4	4.0			
4. Hispanic	147	11.6	5.5			
5. White (Not Hispanic)	1019	80.0	89.6			

Using information from the U.S. Census website (<http://quickfacts.census.gov/qfd/states/31000.html>), and comparing it to Nebraska's total population, shows that race/ethnicity proportions of children in early intervention are similar to the proportions in the general population as seen in Table 2. It should be noted that the percentage is based on the total population in Nebraska.

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Nebraska conducted three surveys and several focus groups to collect data for the state self-assessment. Combined data from the 2003 surveys and focus groups indicate overall satisfaction with the implementation of Child Find. Since these surveys have been done within the last three years, they were not repeated, but continue to serve as a baseline. Below are the results of the survey.

Table 3 shows relevant data on three questions from the 2003 Family Survey. Most families (84.6%) agreed with item #4, which asked whether families find it easy to learn about early intervention services for their children. Disagreement with this item was relatively high compared to other survey items (13.2%). This suggests that not all families find it easy to learn about early intervention. Further analysis showed that families with children from birth to 12 months were less likely to disagree with this statement than families with older children. Only 3.3% of families with children ages birth to 12 months disagreed with this statement compared to 15.1% of families with children ages 12-24 months, 12.8% percent of children ages 25-36 months, and 17.6% of families with children older than 36 months. Results from the *National Early Intervention Longitudinal Study (NEILS)*-(SRI International, 2003) indicate that 40% of children identified for early intervention before their first birthday have pre- or post-natal abnormalities, such as low birth weight. It is possible that the 2003 Part C Family Survey conducted in Nebraska reflected that children ages birth to 12 months had more apparent disabilities than older children and that these disabilities were more easily identified. For families of these children, it may have been easy to learn about early intervention services from hospitals, doctors, or health care providers.

Table 3 shows agreement was high with items 5 and 27 of the Family Survey suggesting that families are receiving information in their native language and feel that their ethnic and cultural backgrounds are respected by early intervention staff. This high agreement occurred despite the fact that more than 10% of families indicated that the statements do not apply to them. It is likely that those who indicated that the statements do not apply are families who do not speak a second language and therefore receive all information in their native language. These families likely belong to the majority ethnic and cultural groups.

Table 3–CII:CC.1
2003 Early Development Network System Family Survey Question Results

Item	Question	Strongly Agree		Strongly Disagree		DK*		NA**		NR***	
		n	%	n	%	n	%	n	%	n	%
4	It was easy to find out about early intervention services that were available in my community and how to get my child involved with the services.	372	84.6	58	13.2	7	1.6	3	0.7	0	0.0
5	I have received information about early intervention services for my child in my native language	383	87.1	3	0.7	4	0.9	50	11.4	0	0.0
27	The Early Intervention services staff show respect for my family's ethnic and cultural background	380	86.4	4	1.0	1	0.2	54	12.3	1	0.2

NOTE: Numbers may not total 100 percent due to rounding

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Currently there is strong agreement among Planning Region Team members (91.3%) that the regions are collaborating on public awareness and Child Find efforts. Most members (82%) agreed that the public awareness and Child Find efforts are adequate to generate referrals, and that materials about services for infants and toddlers are available to parents in their native language as seen in Table 4.

Table 4–CCII:CC.I

2003 Planning Region Survey Results Related to Public Awareness and Child Find

Item	Question	Strongly Agree		Strongly Disagree		DK*		NA**	
		n	%	n	%	n	%	n	%
1	Planning Region Team members and other service providers in the region are collaborating on public awareness and Child Find efforts	334	91.3	13	3.6	17	4.6	2	0.6
2	Public awareness and Child Find efforts are adequate to generate referrals	300	82.0	47	12.8	16	4.4	2	0.6
3	Materials about services for infants and toddlers are available to parents in their native language	247	67.5	55	15.0	52	14.2	10	2.7

Note: Numbers may not equal 100 percent due to rounding

* Don't Know

** Not Applicable

Table 5 shows agreement was higher for a statement that programs reflect cultural and ethnic diversity than for materials being presented in the parent's native language. On item 2, approximately 17% of providers did not know if families received materials about services for infants and toddlers in their native language. Agreement with this item was low (61.30%). Disagreement was relatively high (17.14%).

There was higher agreement (83.64%) for item 15, "Families in the program are reflective of the community (ethnic and cultural diversity)." Disagreement was only 9% with only 6% reporting they do not know if families are reflective of the community.

Table 5–CCII:CC.I

2003 Service Provider & Service Coordinator Survey Results Related to Public Awareness and Child Find

Item	Question	Strongly Agree		Strongly Disagree		*DK		**NA	
		n	%	n	%	n	%	n	%
1	Referrals to the Early Development Network are occurring soon enough for infants and toddlers and their families to benefit full from the program.	314	87.22	29	8.06	13	3.60	4	1.11
2	Materials about services for infants and toddlers are available to parents in their native language.	226	62.78	62	17.22	62	17.2	10	2.78

* Don't Know

** Not Applicable

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The Systems Support/Change Grants are provided to the planning regions to supplement funding for special projects including Child Find activities. Child Find is a state-led, regionally implemented set of activities to get the information to the public; medical providers, school and child care providers. Regional planning teams use several of the following public information strategies: public service announcements, radio, newspaper, television, brochures, videos, posters, health fairs, and web pages. Records of Child Find brochures and materials distributed show that all 29 planning regions use materials that reflect cultural and ethnic populations in their respective regions. Materials have been produced in English, Spanish and Vietnamese. Material graphics have represented racial and ethnic families including Native Americans. Interpreters are provided in Spanish, Vietnamese, Arabic and Neur. Some regions report that they have conducted workshops on cultural diversity that go beyond race and ethnicity, such as socio-economic or rural issues. Other training is offered in sign language to parents and extended family members.

Referrals:

Nebraska is divided into 29 local interagency coordinating councils, which are called planning regions. For each planning region, there is a contact for referrals and implementation of Child Find activities. Policies and procedures are developed within the planning regions to include that all referrals be made within two days. Planning regions report annually on their Child Find activities. A toll-free number is also available to make referrals to EDN.

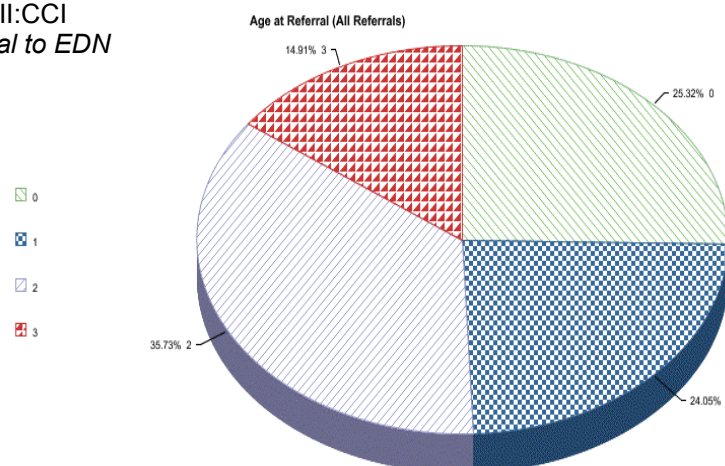
For this APR reporting period, Nebraska received 2,978 total referrals between July 1, 2003 through June 20, 2004 compared to 2002-2003's total referrals of 2,678. These figures were taken from the CONNECT database which is able to track the age at referral and the referrer type by the number of EDN cases.

The majority of the referrals continue to be primarily from parents referring their infant or toddler. Parents made 582 referrals or about 20% of the total number of referrals. Physicians referring 412 times, or making about 14% of the total referrals followed close behind. Looking at the medical community, made up of physicians, hospitals, and other health care providers, together they make up 22% of all referrals or 664 referrals made.

During the reporting period of July 1, 2003 through June 30, 2004, there were 21 children's deaths, 68 families unsuccessfully contacted and 197 families that withdrew from the Part C program. Considering this cohort of infants and toddlers, Nebraska could possibly be serving an estimated 2% of the birth to age three population in EDN.

Figure 2 illustrates that 25.32% of the referrals made were infants below the age of one year, 24.05% were age one, 35.73% were age two, and 14.91% were age three. Nebraska serves infants and toddlers up to August 31st of their third birthday.

Figure 2—CCII:CCI
Age at referral to EDN



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Comparing the age at referral, the referrer type and the primary verification, Nebraska is able to analyze their Child Find activities. In comparing this data, hospitals, physicians or other health care providers are referring the youngest infants and toddlers. This could be a result of the infants having a more obvious condition that warrants a referral since other health impaired is the highest primary verification in this age group referred by the medical community.

In Table 6 shows the total number of referrals and the referrer type. This is representative of the total number of referrals for this APR reporting period.

Table 6--CCII:CC.I
Type and Number of Referrals

Referrer Type	# EDN Cases
Early Development Network	120
Health and Human Services	120
Health Care Provider	134
Hospital	172
Other or Unknown	105
Other Services Coordinator	62
Parent	996
Physician	577
Relative	34
School	326
CAPTA (Protection & Safety)	23
Head Start	78
Community Agency	62
Services Coordination (self)	5
Child Care	36
WIC	45
Legal Guardian	27
Developmental Tips/NICU Follow-up	30
Self	14
Social Security Adm.(SSI/DCP)	2
Nursing Facility	8
Newborn Hearing Screening	1
Respite Coordinator	1
Grand Total	2978

Public Awareness/Child Find:

First Connections with Families is a statewide initiative developed by the Nebraska Department of Education, in cooperation with the Health & Human Services System, to meet the requirements of LB 326, the Nebraska Read, Education and Develop Youth Act. LB 326 directed the State Department of Education, in cooperation with the Department of Health and Human Services to develop a packet entitled "Learning Begins at Birth" to be given to the parents of each child born in this state on and after January 1, 2003. The packet contains information about child development, childcare, how children learn, children's health, services available to children and parents, and other information deemed relevant. Information is provided on contacting the Early Development Network if parents have concerns about the development of their infant or toddler. In 2003, the number of resident live births in Nebraska increased for the ninth straight year, to 25,900.

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Since 1995, there have been nine Early Head Start programs developed across Nebraska. Collaborative efforts between the Early Development Network, Early Head Start and Head Start have been increasing in the last few years. This interagency collaboration focuses on topics identified in the Head Start Performance Standard 45 CFR 1308.4(1) (I-7). These are: 1) confidentiality; 2) child-find, screening and referral; 3) evaluation and eligibility for services; 4) IFSPs and IEPs; 5) placement; 6) early intervention or early childhood special education and related services; 7) transition; and 8) staff development and family education. Head Start referred directly to the Early Development Network 78 times.

The Medically Handicapped Children's Program (MHCP), Nebraska's Title V program for Children with Special Health Care Needs, provides family-focused services, specialty medical team evaluations for children in local areas, access to specialty physicians, and payment of treatment services. New referrals from July 1, 2003 through June 30, 2004 showed there were 64 infants and toddlers receiving services in both programs. The collaboration between EDN and MHCP is unique in the fact the services coordinators for EDN coordinate and fill the responsibility of home visits for the MHCP case manager. Inclusive training and networking opportunities exist across the state to strengthen Child Find activities and referral practices.

Developmental TIPS (Tracking Infants Progress Statewide) is a project that maintains a statewide enrollment of infants who have had a neonatal intensive care unit (NICU) experience at one of seven hospitals across Nebraska. This project provides a specialized developmental follow-up for enrolled infants and collects and analyzes health and developmental outcome data for these children. This project serves as one of Nebraska's major Child Find efforts for Part C. Since May of 2000, a total of 4,384 infants have been referred by the seven hospitals to Developmental TIPS. These included infants who were both low and high risk for developmental problems. Longitudinal data suggests the need for ongoing monitoring of this population of infants. Data indicates that over the first two years of life increasing numbers of children fail their screenings and need referral for early intervention. For example, at age 16 months, over 20 percent of the infants failed their screening (Ages and Stages questionnaire or the Bayley Infant Neurological Screener). This failure rate is higher than the typical population and emphasizes the need to closely monitor children who have had an NICU experience. There were 577 (13%) infants enrolled in Developmental TIPS who were referred to the Early Development Network as a result of this monitoring/Child Find process. To date, 415 (9.5%) children have received Early Development Network services.

Newborn hearing screening is one aspect of a comprehensive, integrated system of identifying infants and referring them to the Early Development Network. All 69 birthing facilities in Nebraska are conducting newborn hearing screening for infants born in their facility. As part of the protocol, for every infant that did not pass the screening and was referred on for further testing, the family was given a brochure about EDN through their primary physician. The annual aggregate reports submitted by the hospitals in 2003 show that 96.92% of the 26,079 resident births in the state were screened during birth admission. In 2003, 66 infants born in 2003 were reported as having been diagnosed with a hearing loss, 56 of which the Nebraska Newborn Hearing Screening Program (NNHSP) received individual reports. Based on the birth rate in Nebraska during 2002 and 2003, an estimated 26-78 newborns would have some degree of hearing loss. The aggregate reports received by NNHSP indicate that the rate of identified hearing loss in newborns and infants in Nebraska was 2.3 per thousand in 2002 and 2.5 per thousand in 2003, within the national norms. The current system of manually reporting and tracking on infants who did not pass their initial screen contributes to errors within the program. Currently there is no cross tracking of those infants identified as having a hearing loss with those who are receiving early intervention services.

Collaborative efforts are underway to develop a tracking system to track infants from NNHSP into the Early Development Network. These efforts will support identifying these infants earlier, so that early intervention can start. "Babies Can't Wait"

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The Protection and Safety workers have begun to make the mandatory referrals of infants and toddlers that have been substantiated as abuse or neglect. On June 25, 2003 the Child Abuse Prevention and Treatment Act was reauthorized by the Keeping Children and Families Safe Act of 2003 (P.L. 108-36).

In 2004, collaborative efforts began between Part C and Protection and Safety. Two stakeholder meetings were planned, to develop a protocol for the referral. (Note: Nebraska held two stakeholder meetings—July and September 2004—and planned a CAPTA meeting for January of 2005. As a collaborative effort, a flow chart was developed, and a roles and responsibilities document and a referral form were implemented.)

For this reporting period, there were 23 referrals that were recorded as CAPTA referrals.

A statewide radio campaign was implemented in April 2004. Plans were developed to target a strong media campaign in March-April of 2005. During this time period, all forms of media will be used (e.g., TV, newspaper, billboards).

2. Targets: (for reporting period July 1, 2003 through June 30, 2004):

The number of children ages birth-2 receiving early intervention services is equal to or greater than 1.70%.

3. Explanation of Progress or Slippage: (for reporting period July 1, 2003 through June 30, 2004):

State data show referrals to the Early Development Network are increasing. Increases in the number of total referrals and the number of infants and toddlers have increased about 8% from 2002 to 2003. Several state collaborations are in place to ensure timely referrals. Referrals made to EDN include Developmental TIPS, Newborn Hearing Screening Program, Head Start, Protection and Safety, Children with Special Health Care Needs, and the medical community. In January 2004, the Co-leads met with the services coordination contractors. They were given regional and state data from CONNECT on referrals received by primary referrer. Contractors then shared this data with the planning regions. Contractors are able to run reports locally from CONNECT for planning region functions. (Note: Information shared with planning regions does not include child-specific identifiable data.)

Progress has been made to develop a collaborative relationship with Protection and Safety for the mandated referral process for CAPTA.

4. Projected Targets: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going):

- A more in depth analysis of the CAPTA referrals will be made.

5. Future Activities to Achieve Projected Targets/Results: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going):

- The Early Development Network will continue their collaborative activities with Title V, Protection and Safety, Newborn Hearing Screening, Vital Statistics, Developmental TIPS, and the medical community.
- Nebraska's 29 planning regions will continue to implement activities at a local and regional level to promote Part C.
- Improving Learning for Children with Disabilities (ILCD), Nebraska's continuous improvement process, will begin to gather data on Child Find. ILCD will also have components for the local region to analyze their own data and make improvements based on their self-assessment.

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- Developmental TIPS will continue to follow infants that have received an NICU intervention in the participating hospitals.
- Tracking infants that have failed their newborn hearing screening will be done with the Newborn Hearing Screening Program. With this collaboration, these identified infants will be tracked and data analyzed to compare the date of failed screening to the date of referral to EDN to the date of intervention.

6. Projected Timelines and Resources: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going):

- Between March 15 and April 15, 2005 there will be a statewide push to celebrate the Early Development Network's 10th anniversary. There will be billboards, TV and newspaper ads, as well as radio spots dispersed across the state.
- Ongoing maintenance of universal newborn screening, Developmental TIPS, MHCP, Protection and Safety, Early Head Start, Head Start and other interagency relationships.
- Planning regions will disseminate child find information through a variety of media sources.
- Homeless shelters will be targeted for child find activities.

Resources:

- Annie E. Casey Foundation. (2003). *KIDS COUNT 2004 Data Book Online*. Retrieved January 15, 2005 from: www.kidscount.org.
- Nebraska Health and Human Services System (HHSS). (2004). *CONNECT*. Retrieved March 9, 2005 from www.guardian.ims.state.ne.us.
- Nebraska Department of Education, Special Populations Office. (2004). *Nebraska Special Education Statistical Report: Special education Student Information System*.
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- Nebraska Department of Education (NDE); Health & Human Services (HHS). *Part C Local Parent Focus Group summary*. (Available from NDE, P.O. 94987, Lincoln, NE 68509).
- Nebraska Department of Education (NDE); Health & Human Services (HHS). *Part C Service Provider and Service Coordinators Focus Group summary*. (Available from NDE, P.O. 94987, Lincoln, NE 68509).
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- SRI International, Policy Division. (2003). *National early intervention longitudinal study*. Retrieved April 2003 from: <http://www.sri.com/neils/>.
- Westat. *Results of the Early Development Network Family Survey*. Rockville, MD: Westat Corporation, Westat. *Results of the Early Development Network Planning Region Team Survey*. Rockville, MD: Westat Corporation.
- National Early Childhood Technical Assistance Center (NECTAC); Campus Box 8040, UNC-CH; Chapel Hill, NC 27599-8040.
- Mountain Plains Regional Resource Center (MPRRC); Utah State University, 1780 North Research Pkwy, Ste.112; Logan, UT 84341.
- OSEP Communities of Practice; www.tacommunities.org.
- www.ideadata.org

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Cluster Area CII: Comprehensive Public Awareness and Child Find System–CC.II	
Question:	Does the implementation of a comprehensive, coordinated Child Find system result in the identification of all eligible infants and toddlers?
Probes:	
CC.I	Is the percentage of eligible infants and toddlers with disabilities that are receiving Part C services comparable to State and national data for the percentage of infants and toddlers with developmental delays?
CC.II	Is the percentage of eligible infants with disabilities under the age of one that are receiving Part C services comparable with State and national data?
State Goal: (for reporting period July 1, 2003 through June 30, 2004):	
Nebraska will have a comprehensive, coordinated Child Find system resulting in the identification of all eligible infants and toddlers.	
Performance Indicator(s): (for reporting period July 1, 2003 through June 30, 2004):	
The percentage of eligible infants with disabilities under the age of one that are receiving Part C services is comparable to state and national data for the percentage.	

1. Baseline/Trend Data: (for reporting period July 1, 2003 through June 30, 2004. *Use Attachment 1 when completing this cell.*)

Nebraska has implemented a comprehensive, coordinated Child Find system resulting in the identification, evaluation and assessment of all eligible infants under the age of one. Systems Support Change Grants are provided to the Planning Regions to supplement funding for special projects, including Child Find activities. Child Find is a state led, regionally implemented set of activities to get early intervention information to the public, medical, school and child care providers. Regions use several public information strategies.

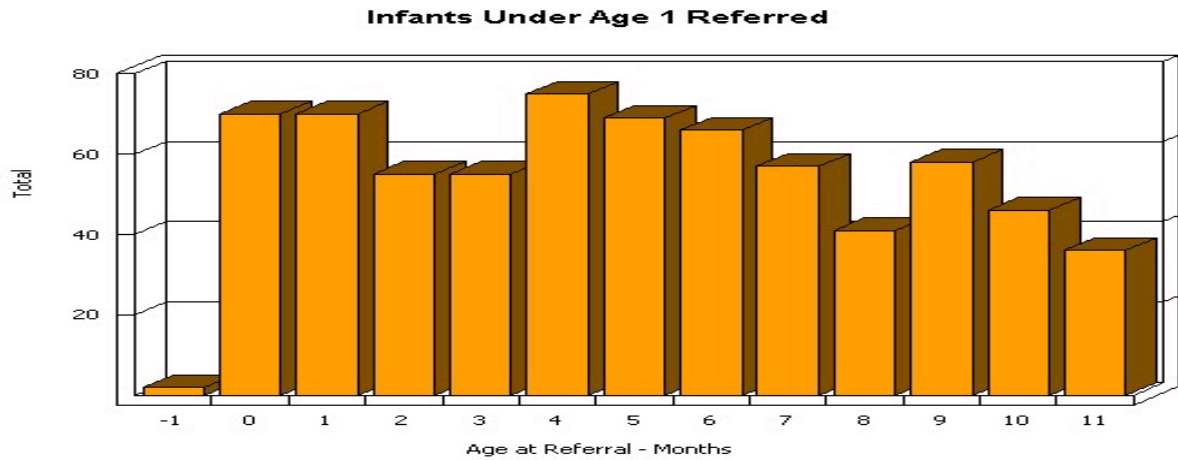
Data taken from U.S. Department of Education, Office of Special Education Programs (OSEP), Nebraska is serving .71% of the under age one population in the Part C program. The National Benchmark indicates that States should be serving 1%, a difference of .29%. To calculate the figures, the 2003 Population Estimates are used.

There were 700 referrals received between July 1, 2003 through June 30, 2004. These referrals are representative of infants under the age of one, see CCII-1. Keep in mind, not all of the 700 referrals met eligibility criteria for Part C services. However, it does show Nebraska is finding infants early in their development. A high number of infants are being referred between birth to one month of age, and then again when the infant is 4 months. There were 25.32% referrals of infants below age 1 made during this reporting period, were infants below the age of one.

In comparing data, hospitals, physicians or other health care providers referred the youngest infants and toddlers. This could be a result of the infants having a more obvious condition that warrants a referral since other health impaired is the highest primary verification in this age group as shown in Figure 1.

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Figure 1–CCII:CC.II
Referral of Infants Under Age One



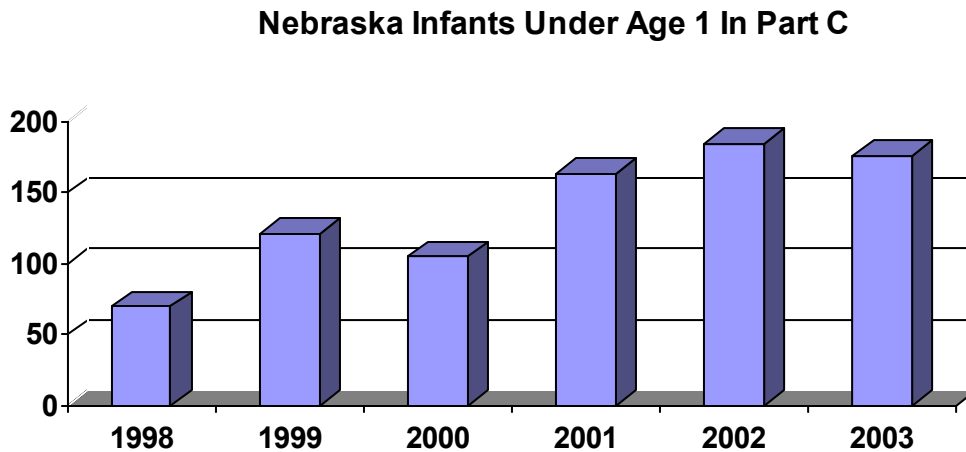
2. Targets: (for reporting period July 1, 2003 through June 30, 2004)

- The number of infants under the age of one receiving early intervention services is equal to or greater than 0.71%.
- Implement process for CAPTA referrals.

3. Explanation of Progress or Slippage: (for reporting period July 1, 2003 through June 30, 2004)

Nebraska's child count has generally increased since 1998. The number of children, age 1 or younger with disabilities and their families that have been determined eligible for early intervention services has decreased slightly from 2002 to 2003 by 4% as shown in Figure 2.

Figure 2–CCII:CC.II
Nebraska Infants Under Age 1 in Part C



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Factors to consider in addressing the 4% decrease in infants receiving early intervention services comes from Nebraska's Vital Statistics Birth and Death Summaries published each year. Babies weighing less than 2500 grams, or about 5 ½ pounds, are considered low birth weight. Nebraska's low birth weight rate for 2003 was 69.3 per 1,000 live births, a decrease from the 2002 figure of 71.7. The 2003 rate marks only the fourth time in the last 13 years that the state's annual low birth weight rate has not increased.

The state rate for very low weight births (i.e. babies weighing less than 1500 grams, or about 3.3 pounds) in 2003 was 12.2 per 1,000 live births, a slight decrease from the 2002 figure of 13.0. Prenatal care began during the first trimester of pregnancy for 83.3% of all 2003 Nebraska live births. This figure represents a slight improvement from the 2002 rate of 83.1%, but it has not changed greatly in recent years. As an indicator of prenatal care, the Kessner Index provides a better measure, by combining information from the birth certificate concerning the trimester during which prenatal care began, the number of prenatal care visits, and the length of gestation of the child. Using this statistic, 4.6% of Nebraska's 2003 live births occurred among women who did not receive adequate prenatal care. This rate represents a slight decrease from the 2002 figure of 4.9%.

Tobacco use is a well-known risk factor for a variety of adverse birth outcomes, including low birth weight, prematurity, and infant death. Since 1990, these data show a steady decline in the prevalence of tobacco use during pregnancy among Nebraska women. In 1990, 20.7% of Nebraska women who gave birth to a live-born infant had smoked during their pregnancy, but by 2003, this figure had fallen to 13.8%.

A total of 141 infant deaths occurred among Nebraska residents in 2003, which translates into an infant mortality rate of 5.4 per 1,000 live births. This figure represents a substantial decrease from the 2002 rate of 7.0, and is the lowest infant mortality rate ever recorded in the state's history. As in recent years, the two leading causes of infant deaths in Nebraska in 2003 were birth defects and Sudden Infant Death Syndrome (SIDS), which resulted in 36 and 24 infant deaths, respectively. Low birth weight babies accounted for 88 (62.4%) of Nebraska's infant deaths, with 68 of these children falling into the very low birth weight (<1500 grams) category. Neonates (infants less than 28 days old) accounted for about two-thirds of Nebraska's 2003 infant deaths, with a count of 96, while post-neonates (infants between 28 days and one year of age) accounted for the remaining 45.

2004 KIDS COUNT, a project of the Annie E. Casey Foundation is a national and state-by-state effort to track the status of children in the U.S. The Right Start is a part of KIDS COUNT that highlights the particular challenges faced by newborns and their parents in states and in the nation's major urban areas. 2004 KIDS COUNT utilizes eight measures that reflect a healthy start to life. The eight measures are: low birth weight, teen births, repeat teen births, births to unmarried women, births to mothers with low educational attainment, late or no prenatal care, smoking during pregnancy and preterm births. Nebraska ranks 10th best in the nation improving from being 15th last year. This information could explain at least in part why a lower percent of the birth to age one population is receiving early intervention services in Nebraska than is true nationally.

4. Projected Targets: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going)

- The number of infants under the age of one receiving early intervention services is equal to or greater than 0.71%
- A more in depth analysis of the CAPTA referrals will be made.

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5. Future Activities to Achieve Projected Targets/Results: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going)

- The Early Development Network will continue their collaborative activities with Title V, Protection and Safety, Newborn Hearing Screening, Vital Statistics, Developmental TIPS, and the medical community.
- Nebraska's 29 planning regions will continue to implement activities at a local and regional level to promote Part C.
- Improving Learning for Children with Disabilities (ILCD), Nebraska's continuous improvement process, will begin to gather data on Child Find. ILCD will also have components for the local region to analyze their own data and make improvements based on their self-assessment.
- Developmental TIPS will continue to follow infants that have received a NICU intervention in the participating hospitals.
- Tracking infants that have failed their newborn hearing screening will be done with the Newborn Hearing Screening Program. With this collaboration, these identified infants will be tracked and data analyzed to compare the date of failed screening to the date of referral to EDN to the date of intervention.

6. Projected Timelines and Resources: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going)

- Between March 15 and April 15, 2005 there will be a statewide push to celebrate the Early Development Network's 10th anniversary. There will be billboards, TV and newspaper ads, as well as radio spots dispersed across the state.
- Ongoing maintenance of universal newborn screening, Developmental TIPS, MHCP, Protection and Safety, Early Head Start, Head Start and other interagency relationships.
- Planning Regions will disseminate child find information through a variety of media sources.
- Homeless shelters will be targeted for child find activities.

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- Nebraska Department of Education, Special Populations Office. (2004). *Nebraska Special Education Statistical Report: Special education Student Information System*.
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- Nebraska Department of Education (NDE); Health & Human Services (HHS).. *Part C Service Provider and Service Coordinators Survey results*. (Available from NDE, P.O. 94987, Lincoln, NE 68509)

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- SRI International, Policy Division. (2003). *National early intervention longitudinal study*. Retrieved April 2003 from: <http://www.sri.com/neils/>
- Westat. *Results of the Early Development Network Family Survey*. Rockville, MD: Westat Corporation, Westat. *Results of the Early Development Network Planning Region Team Survey*. Rockville, MD: Westat Corporation
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- Mountain Plains Regional Resource Center (MPRRC); Utah State University, 1780 North Research Pkwy, Ste.112; Logan, UT 84341
- OSEP Communities of Practice; www.tacommunities.org.
- www.ideadata.org

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Cluster Area CIII: Family Centered Services

Question: Do family supports, services and resources increase the family's capacity to enhance outcomes for infants and toddlers and their families?

State Goal: (for reporting period July 1, 2003 through June 30, 2004)

The Early Development Network provides supports, services and resources to increase the family's capacity to enhance outcomes for infants and toddlers.

Performance Indicator(s): (for reporting period July 1, 2003 through June 30, 2004)

Families' capacities to enhance outcomes for their children have increased because of supports, services, and resources provided by the Early Development Network.

1. Baseline/Trend Data: (for reporting period July 1, 2003 through June 30, 2004)

Westat surveys for families, planning region teams, and service providers/services coordinators were distributed and analyzed in 2003. The surveys were designed around the five OSEP cluster areas of general supervision, child find, family centered services, natural environments, and transition. Westat assisted in the analysis of the data obtained from the three surveys as described in the following narrative and tables. *Because data is considered reliable for three years, the information gathered from these surveys will continue to be used for this reporting period.*

Family Survey Items and Results

A voluntary survey was sent out to 1,700 families and 440 were returned. The survey included 28 statements about families' experiences with the early intervention service systems. Because of the voluntary nature of the survey, the sample is not representative of all families receiving early intervention services in Nebraska. The survey included four demographic items: 1) respondent's relationship to the child receiving early intervention services, 2) region of the state where the family receives service, 3) age of the child, and 4) child's disability. Results of the family survey on items in the family-centered services cluster are shown below.

The family survey included eight items that addressed three indicators for this cluster area. With the exception of one item, agreement with the items in this cluster area was high or very high. Responses were positive to statements about evaluations, IFSP meetings, and whether early intervention helped improve children's development. The one item in this cluster that had low agreement was an item on whether families had received information about what will happen when they leave early intervention services.

The first indicator in the family-centered services cluster was: "Are family-centered practices embedded in all aspects of the early intervention process from initial identification through the child's transition to Part B or other services?" Family survey items 7, 8, 11, 17, 21, and 30 addressed this question. Agreement with five of the six statements was high or very high. These statements related to IFSP meetings, awareness of services that are available, and how the family is treated during children's evaluations. These results are very positive and suggest that evaluations and IFSP meetings are family-centered in Nebraska and that families with children in early intervention are aware of the services that are available to them. Agreement with item 30, which addressed transition out of early intervention services, was much lower. Only 41.83 percent of families agreed that they had spoken to early intervention staff about what would happen when they left the program. Disagreement was relatively high (29.54%). Responses to these items are described below and shown in Table 1.

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Further analysis was conducted of responses to item 30 to determine if any specific groups need more information about transition out of the Part C program. Region of the state in which the family received services appeared to be related to families' responses to this item. Families in western Nebraska were the least likely to agree that they have talked with staff about what will happen when they leave early intervention services. Only 17.50 percent of families in western Nebraska agreed that they have talked about what will happen when they leave the program. In other regions, agreement was much higher (ranging from 39.10 to 51.87 percent).

Age also appeared to be related to families' responses to this item. Families with children ages 13 through 24 months old were the least likely to agree that they have talked with staff about leaving early intervention (31.10%). Families of children at other ages were more likely to agree (ranging from 40.00% to 47.25%). It is possible that families with children ages 13 to 24 months have begun to think about leaving the program, but feel that they have not yet received sufficient information about this transition.

In addition, families of children with OHI may also need more information about transition. Families of children with OHI were the most likely to disagree with this statement. Almost half of the families of children with OHI (45.76%) disagreed. Families of children with other disabilities were less likely to disagree (ranging from 23.38% to 30.47%).

TABLE 1–CIII

Family Responses to Family-Centered Practices in the Early Intervention Process

SURVEY ITEM:	STRONGLY AGREE/ AGREE	STRONGLY DISAGREE/ DISAGREE	I DO NOT KNOW	DOES NOT APPLY	NO ANSWER
The results of my child's assessments or evaluations were explained to me in ways I understood. (Item 7)	96.82% (N = 426)	2.27% (N = 10)	0.68% (N = 3)	0.23% (N = 1)	0.00% (N = 0)
I feel the early intervention services system staff that tested my child's skills listened to me and respected me. (Item 8)	96.36% (N = 424)	3.18% (N = 14)	0.00% (N = 0)	0.45% (N = 2)	0.00% (N = 0)
In creating our individualized family services plan (IFSP) and afterward, I was asked about areas where our family felt things were fine and where we felt we needed help. (Item 11)	92.5% (N = 407)	2.95% (N = 13)	0.68% (N = 3)	3.86% (N = 17)	0.00% (N = 0)
Individualized family services plan (IFSP) meetings are held at a place and time convenient to my family. (Item 17)	93.64% (N = 412)	2.27% (N = 10)	0.45% (N = 2)	3.64% (N = 16)	0.00% (N = 0)
I am now aware of services available within the community. (Item 21)	85.23% (N = 375)	8.41% (N = 37)	2.05% (N = 9)	3.64% (N = 16)	0.68% (N = 3)

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SURVEY ITEM:	STRONGLY AGREE/ AGREE	STRONGLY DISAGREE/ DISAGREE	I DO NOT KNOW	DOES NOT APPLY	NO ANSWER
Early intervention services system staff and I have talked about what will happen when my child and family leave this program. ((Item 30)	41.82% (N = 184)	29.55% (N = 130)	8.64% (N = 38)	19.09% (N = 84)	0.91% (N = 4)

The second indicator for the family-centered services cluster area was: “Do families report that early intervention services have increased their family’s capacity to enhance their child’s development?” Item 24 on the family survey addressed this question. Agreement with this item was very high, indicating that most families feel that early intervention services have given them ways to improve their children’s development. A summary of responses to this item is shown in Table 2.

TABLE 2–CIII
Family Responses about Increases in the Family’s Capacity

SURVEY ITEM:	STRONGLY AGREE/ AGREE	STRONGLY DISAGREE/ DISAGREE	I DO NOT KNOW	DOES NOT APPLY	NO ANSWER
Early intervention services have given my family ways to improve my child’s development. (Item 24)	92.05% (N = 405)	4.09% (N = 18)	1.14% (N = 5)	2.05% (N = 9)	0.68% (N = 3)

The third indicator for the family-centered services cluster area was: “Do family supports, services, and resources enhance outcomes for infants and toddlers and their families?” Item 28 on the family survey addressed this question. Results showed high agreement with this item and low disagreement. This suggests that families feel that the services on the IFSP are helping their children to develop. Responses are shown in Table 3.

TABLE 3–CIII
Family Responses about Family Supports, Services and Resources

SURVEY ITEM:	STRONGLY AGREE/ AGREE	STRONGLY DISAGREE/ DISAGREE	I DO NOT KNOW	DOES NOT APPLY	NO ANSWER
The services on my family’s individualized family services plan (IFSP) are helping my child to develop and make progress. (Item 28)	86.14% (N = 379)	4.77% (N = 21)	2.95% (N = 13)	5.68% (N = 25)	0.45% (N = 2)

Early Development Network Planning Region Team Survey Items and Results

Planning Region Team (PRT) members completed and returned the survey on a voluntary basis. Because the survey was voluntary, the sample is not necessarily representative of all members of the Early Development Network in Nebraska. As a result, *only limited conclusions can be drawn from the result*. A total of 386 PRT members responded to the survey; this number is 43% of all PRT members in Nebraska. The PRT members were asked to identify the region in which they were PRT members. Most respondents reported being PRT members in central Nebraska (31.9%, *n* = 123), followed by western Nebraska (25.7%, *n* = 99) and eastern Nebraska (24.1%, *n* = 93). The

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Lincoln/Omaha/Omaha Metro area accounted for 14.5% ($n = 56$) of the PRT respondents. Five respondents (1.4%) indicated they were members in more than one region, and 10 respondents (2.6%) did not specify a region. The percentage of PRT members that responded to the survey from each region roughly corresponds to the percentage of PRT members in each region. Responses to the family-centered cluster items are described below and shown in Table 4.

The objective of the family-centered services cluster is to determine if outcomes for infants, toddlers, and their families are enhanced by family-centered supports and service systems. The PRT member survey included five items that addressed this cluster area. PRT members highly agreed with only one of these items.

Survey item 4 was: "The IFSP meeting is helpful to families." Agreement with this item was high (88.8%). Agreement was lower with item 12, which stated: "Children and families have access to a diversity of services and supports." Only 74.6% of PRT members believe that families have access to a diversity of services. The results were similar for item 11, "Services that families and children need are provided in their community," where agreement was again lower (74.1%), and where more than 20% of respondents did not believe that services needed were provided in the community. Item 23 had a slightly lower level of agreement. The item was: "Children and their families are provided a seamless transition process." Only 71.5% of PRT members believe that the transition process is seamless, while 16.1% disagreed. Item 24 had the lowest level of agreement in this cluster and the highest response in the "I do not know" category. Item 24 was: "Families are prepared to coordinate their own services at the time when their child is no longer eligible for the Early Development Network." Only 58.0% of respondents agreed, while 25.4% disagreed. For this item, "I do not know" was selected by a relatively high 13.5% of PRT members. Responses are shown in Table 4.

TABLE 4-CIII
PRT Responses about Family-Centered Services

SURVEY ITEM:	STRONGLY AGREE/ AGREE	STRONGLY DISAGREE/ DISAGREE	I DO NOT KNOW	DOES NOT APPLY	NO ANSWER
The IFSP meeting is helpful to families. (Item 4)	88.8% ($N = 343$)	3.6% ($N = 14$)	6.0% ($N = 23$)	1.6% ($N = 6$)	0% ($N = 0$)
Children and families have access to a diversity of services and supports. (Item 12)	74.6% ($N = 288$)	23.1% ($N = 89$)	1.6% ($N = 6$)	0.3% ($N = 1$)	0.5% ($N = 2$)
Services that families and children need are provided in their community. (Item 11)	74.1% ($N = 286$)	22.6% ($N = 87$)	2.3% ($N = 9$)	0.3% ($N = 1$)	0.8% ($N = 3$)
Children and their families are provided a seamless transition process. (Item 23)	71.5% ($N = 276$)	16.1% ($N = 62$)	10.1% ($N = 39$)	0.8% ($N = 3$)	1.6% ($N = 6$)
Families are prepared to coordinate their own services at the time when their child is no longer eligible for the early development network. (Item 24)	58.0% ($N = 224$)	25.4% ($N = 98$)	13.5% ($N = 52$)	2.1% ($N = 8$)	1.0% ($N = 4$)

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Early Development Network System Service Provider and Services Coordinator Survey Items and Results

Providers and coordinators completed and returned the survey on a voluntary basis. Because the survey was voluntary, the sample is not necessarily representative of all providers and coordinators of early intervention services in Nebraska. As a result, *only limited conclusions can be drawn from the results*.

A total of 385 providers and coordinators responded to the survey. The first question asked which early intervention service the respondent provided, and more than one service could be selected. Respondents indicated that they most frequently provided special education/early childhood education (35.3%, $n=136$), speech/language services (33.3%, $n=128$), occupational therapy (21.0%, $n=81$), physical therapy (18.7%, $n=72$), parent support (17.7%, $n=68$), and services coordination (15.1%, $n=58$). Most respondents provided services in eastern Nebraska (34.0%, $n=131$), followed by central Nebraska (25.5%, $n=98$), Lincoln/Omaha/Omaha Metro (22.3%, $n=86$), and finally western Nebraska (16.6%, $n=64$). Three respondents provided services in more than one region.

The objective of the family-centered services cluster is to determine if outcomes for infants, toddlers, and their families are enhanced by family-centered supports and service systems. The provider survey included five items that addressed family-centered service cluster area.

Region made no difference in agreement with items 11 and 12. In further analysis of item 23, however, providers in central Nebraska were more likely to report (16.3%) that they did not know if the transition process was seamless. The percentage of "I do not know" responses in other regions ranged from 4.6 to 5.8%. Westat also conducted further analysis of responses to item 25. Providers in the Lincoln/Omaha/Omaha Metro region were the least likely to agree that families were prepared to coordinate services for themselves when they leave early intervention services; however, differences across regions were small (ranging from 52.3 to 61.1%).

Responses to items in the family-centered services cluster area are shown in Table 5.

TABLE 5-CIII
Service Provider and Services Coordinator Responses about Family-Centered Services

SURVEY ITEM:	STRONGLY AGREE/ AGREE	STRONGLY DISAGREE/ DISAGREE	I DO NOT KNOW	DOES NOT APPLY	NO ANSWER
The IFSP meeting is helpful to families. (Item 3)	88.3% ($N = 340$)	4.7% ($N = 18$)	4.7% ($N = 18$)	2.1% ($N = 8$)	0.3% ($N = 1$)
Services that families and children need are provided in their community. (Item 11)	76.1% ($N = 293$)	20.5% ($N = 79$)	1.8% ($N = 7$)	1.3% ($N = 5$)	0.3% ($N = 1$)
Children and families have access to a diversity of services and supports. (Item 12)	77.9% ($N = 300$)	17.1% ($N = 66$)	3.4% ($N = 13$)	1.0% ($N = 4$)	0.5% ($N = 2$)
Children and their families are provided a seamless transition process. (Item 23)	74.8% ($N = 288$)	15.1% ($N = 58$)	7.8% ($N = 30$)	2.1% ($N = 8$)	0.3% ($N = 1$)

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SURVEY ITEM:	STRONGLY AGREE/ AGREE	STRONGLY DISAGREE/ DISAGREE	I DO NOT KNOW	DOES NOT APPLY	NO ANSWER
Families are prepared to coordinate their own services at the time when their child is no longer eligible for early development network services. Item 25)	56.4% (N = 217)	21.0% (N = 81)	19.5% (N = 75)	2.9% (N = 11)	0.3% (N = 1)

Planning Region Team Gaps and Barriers Reports

Beginning in January 2004, local Planning Region Teams were asked to provide quarterly reports to the ECICC (state ICC) Gaps and Barriers Committee regarding issues or concerns identified by the teams. Family concerns identified in the February and April 2004 reports included transportation for daily living, respite benefit cuts, families not being able to afford telephones, toilet training required by preschools and child care, professional development for staff working with young children who have ASD, and lost day care benefits.

Co-Lead Agencies include Family Partners

Two family partners continue to keep the Co-leads in closer contact with family concerns and priorities across the state. Mark Smith, who works with the University of Nebraska Medical Center at Monroe Meyer Institute, is the family partner for the Co-lead agencies. Nina Baker, who works with PTI-Nebraska, acts as family partner for the 29 Planning Regions. Both family partners meet regularly with the Co-leads and also serve as technical assistants to the ECICC and the Gaps and Barriers Committee.

2. Targets: (for reporting period July 1, 2003 through June 30, 2004)

- The results of surveys and the new monitoring process was presented at the Fall 2003 regional special education workshop, the annual spring early childhood state conference, and the Fall 2003 planning region teams retreat.
- Family representation was included in CAPTA interagency committee. The charge of the committee was to develop materials for state CAPTA policies and procedures. The challenge was to merge policies and procedures that meet mandatory referral regulations for CAPTA and retain family's right to voluntarily participate or decline services from the Part C program.
- The Co-leads' family partner positions continued with Mark Smith, who provides a linkage with the state university medical affiliated program, and Nina Baker, who works with family involvement at the local level. The family partners assist the co-lead agencies with the development and implementation of policies and procedures for Part C.
- Family surveys are sent out by early intervention planning regions and LEAs. Surveys are designed to gather perceptual data to use in the Improving Learning for Children with Disabilities (ILCD) process at the local level.
- Professional development training was provided at statewide ASD conferences with presenter Amy Weatherby, a nationally known researcher in the field.
- Special Care training for child care providers and families was provided to 385 participants in 22 locations.

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3. Explanation of Progress or Slippage: (for reporting period July 1, 2003 through June 30, 2004)

Data was gathered from surveys sent to all families in early intervention, service providers, services coordinators, and planning region team members in 2003.

Family responses were very positive to statements about family-centered practices embedded in evaluations, IFSP meetings, and whether early intervention has helped improve children's development. Survey results were very high that early intervention services have increased the family's capacity to enhance their child's development. Responses ranged from 96.82 to 84.555. The one item in this cluster that had low agreement (41.8%) and relatively high disagreement (29.54%) was an item on whether families had received information about what will happen when they leave early intervention services. Three factors appeared to contribute to these ratings:

- 1) Age appeared to be related to families responses to this item. It is possible that families with children ages 13 to 24 months have begun to think about leaving the program, but feel that they have not yet received sufficient information about this transition.
- 2) Families of children with OHI may need more information about transition.
- 3) Families in western Nebraska were the least likely to agree that they have talked with staff about what will happen when they leave the program (CF I). \

The perception from planning region team members and service providers/services coordinators is that families are prepared to coordinate their own services at the time of transition.

A new cycle of family surveys will be used at the local level to continue to monitor family perception of services and will be compared to file reviews and provider and services coordinators and planning region team surveys. Data will be analyzed for trends and compared with the last cycle of surveys.

4. Projected Targets: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going)

- Meet CAPTA requirements for mandatory referral of children birth to three who are involved in a substantiated case of abuse or neglect.
- Identity the needs of families of young children regarding a medical home, mental health services, child care, parent education and support.
- Build capacity for childcare centers and home based programs to enroll children birth to five with special needs.
- Integrate self- directed service coordination for families who are transitioning children from early intervention into Part B services..
- Build family capacity to support services for young children with ASD.
- Review survey results from PRTs and LEAs with other information collected in the ILCD process.

5. Future Activities to Achieve Projected Targets/Results: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going)

- Development and dissemination of CAPTA materials on the policy and procedures.
- Planning Region Teams support to facilitate local meetings with stakeholders on CAPTA roles and responsibilities.

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- Together for Kids and Families Grant will assess needs of families of children with disabilities for medical home, mental health services, childcare, parent education and support.
- Provide professional development and training opportunities with Special Care training for child care providers and families in center based and home based child care programs.
- Provide professional development for early childhood educators, families, and related services providers in ASD.
- Provide professional development on coaching for services coordinators and supervisors to support families in self-direct services coordination.
- Continue linkages with the Parent Training Center on trainings, family networks within planning region teams, and dissemination of information from the Co-lead agencies as needed.

6. Projected Timelines and Resources: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going)

- CAPTA information on state policies and procedures was disseminated to stakeholder by December of 2004.
- Planning Region Teams will use annual system support funds to maintain trainings and provide stipends for substitutes, as needed along with mileage and meal costs for on-going Special Care training for child care providers.
- Coaching training for services coordinators and supervisors will be held in 2-day sessions with a 3-month follow-up training day. There will be regional opportunities to attend in January, March, and June of 2005.
- The survey for Together for Children and Families will be completed and analyzed in the spring of 2005.
- Professional development training will be provided at statewide ASD conferences.

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Cluster Area CIV: Early Intervention Services in Natural Environments–CE.I

Question: Are early intervention services provided in natural environments meeting the unique needs of eligible infants and toddlers and their families?

Probes:

- CE.I Do all families have access to a Service Coordinator that facilitates ongoing, timely early intervention services in natural environments?**
- CE.II Does the timely evaluation and assessment of child and family needs lead to identification of all child needs, and the family needs related to enhancing the development of the child?
- CE.III Do IFSPs include all the services necessary to meet the identified needs of the child and family? Are all the services identified on IFSPs provided?
- CE.IV Are children receiving services primarily in natural environments? If not, do children have IFSPs that justify why services are not provided in natural environments?
- CE.V What percentage of children, participating in the Part C program, demonstrates improved and sustained functional abilities? (Cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development.)

State Goal: (for reporting period July 1, 2003 through June 30, 2004):

All families have access to a services coordinator that facilitates ongoing, timely early intervention services (in natural environments).

Performance Indicator(s): (for reporting period July 1, 2003 through June 30, 2004):

Early Intervention services provide timely evaluation and assessment of child and family needs which lead to identification of all child and family needs related to enhancing the development of the child.

1. Baseline/Trend Data: (for reporting period July 1, 2003 through June 30, 2004. *Use Attachment 1 when completing this cell.*)

Each child eligible under Part C and the child's family is provided with one services coordinator who is responsible for coordinating all services across agency lines, and serving as the single point of contact in helping parents to obtain the services and assistance needed. Services coordination is provided through contracts with the Nebraska Department of Health and Human Services (HHSS, 2000).

A referral must be made by the school district to the agency responsible for providing services coordination in the planning region within two working days. All families have the choice of receiving a services coordinator. A family may choose to self-direct their services. In this case, the case manager from the school district will work with the parent as a single point of contact. In the event the family declines services coordination, the school district assigns a case manager to work with the family to coordinate services and assume children and families are receiving necessary services (HHSS, 2000).

Nebraska utilizes a dedicated services coordinator model. There are 22 agencies contracted to provide services coordination to Nebraska families. These agencies include four hospitals, nine Educational Service Units, three public school districts, one home health, one health department, two community action agencies, and one Head Start. Currently in Nebraska, there are 111 services coordinators across the state in the 29 planning regions. Among the 111 services coordinators, 9 of them are also supervisors. Service coordinators are required to have a caseload of 30.

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Analysis of surveys conducted from 1999-2003 suggests that services coordination is working well in Nebraska. Services coordinators are meeting with the family within seven calendar days of the referral and are making the delivery of services for children and families easier.

Nebraska implemented their Quality Improvement (QI) process in 1998. At the time of the QI process review in Region 9, the pilot site or review in Region 18, Item 1, "Contact with family within 7 days," was not yet included in the checklist for school district files. However, it was included in services coordinator files and 283 or 89.8% of files reviewed were in compliance. Over 89% of the files reviewed documented that the services coordinator made contact with the family within seven days of the referral (Co-Lead Agencies, 2000b).

Eighty-five percent of families chose to use services coordination in 1998-2001. Families responded that they are more aware of available services in the community and that by having a services coordinator, they have learned how to ask for services that their child needs (Co-Lead Agencies, 2001) as may be seen in Table 1.

Table 1–CIV:CE.I
Quality Improvement Family Survey Results

Item	Question	Yes		No		NR*	
		n	%	n	%	n	%
17	I chose to use services coordination	330	85.5	37	9.6	19	4.9
29	I am now more aware of services available within the community	335	86.8	39	10.1	12	3.1
32	Since being part of this program, I have learned how to ask for services that my child needs	345	89.4	24	6.2	17	4.4

Note: Numbers may not equal 100 percent due to rounding

* No Response

Items 13 and 14 of the 2003 Family Survey addressed this probe. Agreement was high suggesting most families choose to use service coordination. Eighty-eight percent of families surveyed chose to use services coordination.

On item 14, families were asked whether the services coordinator helped the family get needed services, in a timely manner. Eighty-eight percent strongly agreed, 3.2% strongly disagreed, and 2.7% did not know. Families that indicated that they use services coordination agreed more strongly (86.8%, N = 382) while 4.8%. (N = 21) disagreed. Of the families that indicated they use service coordination, 96.4% agreed that the service coordinator helped them get needed services. This suggests that services coordination is helpful to those who choose to use it.

Eighty-five percent of planning region members agreed that families have the opportunity to speak to a services coordinator. Agreement was very high that services coordinators make the deliver of services easier for families and providers (89.9%). Agreement was also high (88.8%) that services are coordinated effectively at the local level to meet the needs of children and families. Few indicated they strongly disagreed, did not know, or that the item was not applicable as may be seen in Table 2 (Westat, 2003b).

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Table 2–CIV:CE.I
2003 Planning Region Survey Results

Item	Question	Strongly Agree/Agree		Strongly Disagree/Disagree		DK*		NA**	
		n	%	n	%	n	%	n	%
18	All families have an opportunity to speak to a services coordinator	312	85.3	20	5.6	34	9.3	0	0.0
20	Services coordinators make delivery of services easier for families and providers	329	89.9	22	6.0	15	4.1	0	0.0
27	Services are coordinated effectively at the local level to meet the needs of children and families	325	88.8	27	7.4	12	3.3	2	0.6

Note: Numbers may not equal 100 percent due to rounding

* Don't Know

** No Response

Service providers and services coordinators have high agreement that families have the opportunity to speak to a services coordinator and they make the delivery of services easier for families and providers. Because of the uniqueness of the Part C program in Nebraska, there needs to be exceptional communication between the school districts and the services coordination contracting agency to implement a high-quality program. There was agreement that there is coordination between the school district and the contractor of services coordination as shown in Table 3.

Table 3–CIV:CE.I
2003 Service Provider and Services Coordinators Survey Results

Item	Question	Strongly Agree/Agree		Strongly Disagree/Disagree		DK*		NA**	
		n	%	n	%	n	%	n	%
17	All families have an opportunity to speak to a services coordinator	328	91.1	8	2.2	21	5.8	3	0.8
18	Service coordinators make the delivery of services easier for families and providers	322	89.4	26	7.2	9	2.5	5	1.3
26	There is a collaborative relationship between the school district and the service coordinator	305	84.7	36	10.0	15	4.2	4	1.1

Note: Numbers may not equal 100 percent due to rounding

* Don't Know

** No Response

In the 2003 Medicaid waiver program, 113 files were reviewed. In Table 4, nine file review indicators are identified to measure the timeliness and responsibilities of services coordinators.

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Table 4–CIV:CE.I
File Review Indicators–Services Coordinators

#	Indicator	2003 State Percent of Compliance	2004 State Percent of Compliance
1	Contact with family in 7 days	98.13%	87.09%
8	Assessment for each area	90.65%	96.66%
36, 37, 39, 40, 41, 42	<u>Page 9 Child/Family Team</u> Parents, services coordinator, persons involved in the evaluation, parents consent for services, parents understand IFSP will be sent, Parent signature	94-100%	67.74%
48	Children/family are treated with respect	99.06	Did not measure

Four planning regions were reviewed for compliance in June 2004. In Table 5, the results indicate that services coordination in Nebraska is working.

Table 5–CIV:CE.I
Services Coordination Compliance

Regulatory Requirement	Overall Performance
	2004
The services coordinator shall: <ul style="list-style-type: none"> • Coordinate the performance of evaluation and assessments • Facilitate and participate in the development, review and evaluation of IFSPs • Assist families in identifying available service providers • Coordinate and monitor the delivery of available services • Inform families of available service providers • Coordinate with medical and health providers • Facilitate the development of a transition plan to preschool services if appropriate 	100%
Service coordination listed as a service-billing checked	100%
The services coordinator shall arrange a personal contact within 7 calendar days of the initial contact or acknowledgement by the family unless the family requests a delay.	87.09%
The services coordinator shall personally contact the family at least monthly to review the progress of the IFSP. This contact must be face-to-face with the family and child at least every other month.	100%
The Family's immediate concerns are identified and options are explored with first consideration given to the family's natural and cultural support. Referrals are made to service options within the community as necessary. This may include helping the family to fill out forms, make phone calls, attend appointments, or whatever is necessary to empower them to meet their needs.	100%
The services coordinator follows up with the referral source to provide information on the referral outcome, with the permission of the family.	96.15%

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Regulatory Requirement	Overall Performance
	2004
A multidisciplinary team evaluation must be completed within 45 calendar days from the date of referral.	83.33%
A statement of the child's present levels of physical development(including vision, hearing, and health status), cognitive development, communication development, social or emotional development, and adaptive development .	96.66%
With the concurrence of the family, include a statement of the family's resources, priorities, and concerns relating to enhancing the development of the infant or toddler with a disability.	100%
A statement of the major outcomes expected to be achieved for the child and family, and the criteria, procedures, and timelines used to determine.	93.54%
Services coordinator's name listed	100%
A meeting must be conducted on at least an annual basis to evaluate the IFSP for a child and the child's family, and, as appropriate, to revise its provision.	81.48%
A review of the IFSP for a child and the child's family must be conducted every six months, or more frequently if conditions warrant, or if the family requests such a review.	91.30%
Each IFSP conference includes required team members	67.74%
The agency contracting for services coordination is responsible for convening, with the approval of the child's family, a conference including the family and school district at least 90 days (and at the discretion of all such parties, up to six months)) before the child's third birthday or at least 90 days before completion of the early intervention program.	83.33%

In Nebraska the services coordinator arranges a personal contact within seven calendar days of the initial contact or acknowledgement by the family, unless the family requests a delay. Nebraska implemented their Quality Improvement process in 1998. At the time of the Quality Improvement process review in Region 9, the pilot site or review in Region 18, item, 1, "Contact with family within seven days" of the referral was not yet included in the checklist for either services coordinator or school district files. Eighty-nine percent of the files reviewed documented that the services coordinator is making contact with the family within seven calendar days of the referral. Ninety percent of the files reviewed are meeting the periodic and annual review requirements. Seventy-three percent met the 45-day requirement. (This could be in part that the parents delayed the process.)

The Quality Improvement process was conducted in 1998 through 2001. Table 6 shows agreement was high to very high that families feel they were asked about what areas are fine and areas where they needed help. Families agree the Individual Family Service Plan (IFSP) is planned as a team including the families as a team member (Co-Lead Agencies, 2001). Eighty-six percent of families chose to use a services coordinator from 1998-2001, compared to 88% of families in 2003.

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Table 6–CIV:CE.I
1998-2001 Family Survey Results

Item	Question	Yes		No		NR*	
		n	%	n	%	n	%
8	I was asked about areas where our family felt things were fine and areas where we felt we needed help	365	94.6	13	3.4	8	2.01
17	I chose to use services coordination	330	85.5	37	9.6	19	4.9
18	Members of the Individualized Family Services Plan (IFSP) team and I planned my family's IFSP together	367	95.1	7	1.8	12	3.1
20	I was included in all planning for my child and family	368	95.3	4	1.0	14	3.6

Note: Numbers may not equal 100 percent due to rounding

* No Response

Respondents strongly agreed services coordinators helped them get needed services in a timely way (86.8%) and that services are coordinated effectively at the local level (88.8%) as may be seen in Table 7.

Table 7–CIV:CE.I
2003 Planning Region Survey Results

Item	Question	Strongly Agree/Agree		Strongly Disagree/Disagree		DK*		NR**	
		n	%	n	%	n	%	n	%
13	I chose to use services coordination	388	88.2	14	3.2	26	2.7	0	0.0
14	Our Services Coordinator helped my family, in a timely way, get the services we needed	382	86.8	21	4.8	6	1.4	2	0.5
27	Services are coordinated effectively at the local level to meet the needs of children and families	325	88.8	27	7.4	12	3.3	2	0.6

Note: Numbers may not equal 100 percent due to rounding

* Don't Know

** No Response

In addition, most families (91%) strongly agreed they had the opportunity to talk to a services coordinator, that the coordinators made service delivery easier (89.4%), and that there was a collaborative relationship between the school and services coordinator (74.8%).

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2. Targets: (for reporting period July 1, 2003 through June 30, 2004):

- Most families choose to use service coordination and have benefited from doing so. Data indicates that families continue to agree services coordination has been helpful. Providers continue to agree services coordination makes delivery of services easier both for families and providers. This suggests services coordination is helpful to those who use it.
- Results of surveys and the focus groups supported that Nebraska families have access to services coordination. Services coordinators most often make contact with the family within seven days of the referral.
- Currently, Nebraska does not compare the number of families receiving services coordination from a contracting agency with those families receiving a case manager from the school district.

3. Explanation of Progress or Slippage: (for reporting period July 1, 2003 through June 30, 2004):

- Services coordinators are making contact with the family within seven days. There was a slight decrease in overall performance. This could be due to increased referrals.
- Families agree that services coordinators helped their family, in a timely way, get the services needed.
- Periodic reviews and annual meetings are being facilitated by the services coordinator and are conducted in a timely manner.
- Providers strongly agree that service coordinators make the delivery of services easier for families and providers

4. Projected Targets: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going):

- Maintain targets.

5. Future Activities to Achieve Projected Targets/Results: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going)

Nebraska's new monitoring process entitled "Improving Learning for Children with Disabilities" (ILCD) began in the fall of 2003. The monitoring includes indicators for each planning region to collect on their Child Find activities and their child count. The monitoring process will increase local accountability, and the State will be able to compile data more easily.

6. Projected Timelines and Resources: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going)

- Co-Lead Agencies. *Nebraska Quality Improvement Process early intervention program toolkit*, 24-34, 57. (Available from Nebraska HHSS and NDE, P.O. 94987, Lincoln, NE 68509)
- Co-Lead Agencies. *Nebraska Quality Improvement Process early development network: Family survey results*, 57. (Available from Nebraska HHSS, P.O. Box 95044, Lincoln, NE 68509)
- Co-Lead Agencies. *Nebraska Quality Improvement Process file review checklist results*. (Available from Nebraska HHSS and NDE, P.O. 94987, Lincoln, NE 68509)
- Nebraska Department of Education (NDE). *Title 92, Nebraska Administrative Code, Chapter 51: Regulations and standards for special education programs, section 005.04, services coordination; 007.10A responsibility for the development of IFSP ; and section 009.02B1 procedural timelines*. Lincoln, NE: NDE. ["Rule 51"]

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- Nebraska Department of Education (NDE) and Health & Human Services (HHS) *Part C Family Survey* (Available from NDE, P.O. 94987, Lincoln, NE 68509)
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- Westat. (2003a). *Results of the Early Development Network Family survey*. Rockville, MD: Westat Corporation
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Cluster Area CIV: Early Intervention Services in Natural Environments–CE.II

Question: Are early intervention services provided in natural environments meeting the unique needs of eligible infants and toddlers and their families?

Probes:

- CE.I Do all families have access to a Service Coordinator that facilitates ongoing, timely early intervention services in natural environments?
- CE.II Does the timely evaluation and assessment of child and family needs lead to identification of all child needs, and the family needs related to enhancing the development of the child?**
- CE.III Do IFSPs include all the services necessary to meet the identified needs of the child and family? Are all the services identified on IFSPs provided?
- CE.IV Are children receiving services primarily in natural environments? If not, do children have IFSPs that justify why services are not provided in natural environments?
- CE.V What percentage of children, participating in the Part C program, demonstrates improved and sustained functional abilities? (Cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development.)

State Goal: (for reporting period July 1, 2003 through June 30, 2004):

The Early Development Network provides early intervention services in natural environments to meet the unique needs of eligible infants and toddlers and their families.

Performance Indicator(s): (for reporting period July 1, 2003 through June 30, 2004):

Early Intervention services provide timely evaluation and assessment of child and family needs which lead to identification of all child and family needs related to enhancing the development of the child.

1. Baseline/Trend Data: (for reporting period July 1, 2003 through June 30, 2004)

Revisions have been made in 92 NAC, Chapter 51, in the definition section for evaluation and assessment and in the general evaluation procedure requirements section. The undated language used in each section requires evaluation and assessments must be completed in all five developmental domains. A draft of revised regulations has been distributed for public input and approved by the Nebraska Board of Education. The revised Rule 51 is currently awaiting signature by the governor.

The Westat survey for families was distributed and analyzed in 2003. The survey was designed around the five OSEP cluster areas of general supervisions, child find, family centered services, natural environments, and transition. Westat assisted in the analysis of the data obtained from the survey described in the following narrative and in Table 1. *Because data is considered reliable for three years, the information gathered from these surveys will continue to be used for this reporting period.*

The family survey responses (see Cluster Area CIII, 1. Baseline/Trend data) in the cluster area of family-centered services had an indicator asking: "Does the evaluation and assessment of child and family needs lead to identification of all the child's needs, as well as all family needs, related to enhancing the development of the child?" Items 6, 25, and 26 addressed this question. Item 6

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addressed whether family's concerns were addressed during the child's initial evaluation and had very high agreement. Item 26 addressed satisfaction with early intervention services and had high agreement. There was lower agreement with item 25, which directly addressed the question of whether services meet the child and family's needs. Thus, although parents have very positive responses to evaluations and are highly satisfied with early intervention services, some families feel that services are not covering all their needs.

WESTAT conducted further analysis of families' responses to item 25, to determine if any specific groups feel that their children and families' needs are not being met. There were some differences in families' responses based on the region in which they received services. Families in central Nebraska were the most likely to agree that services cover all their children and families' needs (89.28%). Agreement in other regions was lower (ranging from 70.00% to 77.10%). The child's age and disability did not appear to be related to families' responses to this item. Please note, however, that the family survey did not provide data on the specific needs that are not being met.

Table 1–CIV:CE.II

Family Responses Related to Identification of Child's and Family's Needs

SURVEY ITEM:	STRONGLY AGREE/ AGREE	STRONGLY DISAGREE/ DISAGREE	I DO NOT KNOW	DOES NOT APPLY	NO ANSWER
When my child was first evaluated for early intervention services, the evaluation addressed all concerns raised by me and other individualized family services plan (IFSP) team members. (Item 6)	96.14% (N = 423)	3.18% (N = 14)	0.45% (N = 2)	0.23% (N = 1)	0.00% (N = 0)
The services we receive cover all my child's and our family's needs. (Item 25)	79.32% (N = 349)	10.45% (N = 46)	3.86% (N = 17)	5.68% (N = 25)	0.68% (N = 3)
I am satisfied with the early intervention services my child and family are receiving. (Item 26)	88.86% (N = 391)	5.91% (N = 26)	1.59% (N = 7)	3.18% (N = 14)	0.45% (N = 2)

Nebraska's monitoring process, Improving Learning for Children with Disabilities (ILCD), Inquiry 2–Identification, requires that all five developmental areas be completed in an evaluation and assessment. It also requires a family assessment to identify their concerns, priorities, and resources. Core PDFI teams at each local planning region are available as a resource to provide technical assistance on conducting appropriate evaluations and assessments to collect necessary information in all developmental domains.

Services coordination with the family is required to assess the child's developmental domains to determine if they are eligible for the Medicaid Aged and Disabled Waiver or the Early Intervention Waiver. This assessment includes the family's needs for services and supports as they relate to the child. The request for waiver is reviewed for completion of all developmental areas to determine eligibility. A state review, which represented 10% of the 1,161 infants and toddlers being served, showed 90.65% had been assessed in all developmental domains. Technical assistance was provided and corrective action was required for those files not completing an assessment in all developmental domains.

An Interagency Memorandum of Agreement (MOA) between Head Start and Education has been developed collaboratively with the Head Start State Collaboration Office, Part C, and 619 programs. The MOA has a common planning form. Local partners within the community will develop a plan so everyone is working from the same understanding in the areas of

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confidentiality, child find, screening and referral, evaluation and assessment, IFSP/IEP, placement, services, and transition.

Training on evaluation and assessment for social and emotional health was provided. The Mental Health committee supports the work of an interagency sub-committee, which continues to review information on evaluation and assessment tools appropriate for infant and toddlers.

Beginning in 2002, Nebraska has continued to support the delivery of services in natural and least restrictive environments by assisting teams of recognized leaders from each of the 29 planning region teams to function as personal development facilitators. The Personal Development Support (PDS) model is a systems change model that moves beyond isolated training workshops to create a comprehensive statewide system for regional small group learning and ongoing individualized coaching of newly learned skills and information. PDS includes a Personal Development Facilitator Institute (PDFI) and follow-up training. There are quarterly web-based or teleconference forums, coaching and support of PDM teams by state level program staff, and local coaching, confronting and training by PDM teams. A component of PDM is training and ongoing support for gathering information to determine eligibility and to assess the child's current level of performance in each of the developmental domains and the family's concerns and needs relating to the child. Dathan Rush and M'Lisa Sheldon from the Orelena Hawks Puckett Institute continue to facilitate this professional development.

Service providers and coordinators strongly agreed that services are provided within the families' communities (85.8%), that there is access to a diversity of services (76.1%), and that all services are provided year-around at the same regularity (82.2%).

2. Targets: (for reporting period July 1, 2003 through June 30, 2004)

Professional development training was provided to Special Education Part B staff on the philosophy and regulations for Part C, evaluation and assessment, and file review monitoring; and they were given an inter-rater reliability test for the IFSP.

A Summer Institute was held in June 2004 at the conclusion of a three-year Natural and Least Restrictive Environments PDS Model Project. Core groups identified areas of success in assessment and service delivery supports. The model has provided evidence based technical assistance to core teams in ongoing coaching, assessment, writing functional outcomes, and providing supports to children in natural and least restricted environments. At the institute Asset Based Context (ABC) Matrix was introduced to providers and services coordinators. The ABC Matrix is a functional assessment tool for parents and practitioners in early childhood and family support programs to identify existing and potential learning opportunities and activities for children birth to five.

Quarterly reports submitted from the local planning region teams to the Early Childhood Interagency Coordinating Council (ECICC) Gaps and Barriers Committee did not identify concerns regarding evaluations and assessments.

3. Explanation of Progress or Slippage: (for reporting period July 1, 2003 through June 30, 2004)

Continued awareness and explanation of evaluation and assessment in all developmental domains has occurred through presentations to advisory groups and other stakeholders such as the Special Education Advisory Board (SEAC), the Early Childhood Interagency Coordinating Council (ECICC), Nebraska Association of Special Education Supervisors (NASSES), and planning region teams (PRTs).

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Continued support for PDS teams in the form of teleconference calls and web-based meetings provided team members a forum for discussing local gaps and barriers and allowed trainers to role model coaching to team members.

Technical assistance from co-lead agencies provided to services coordinators in the spring of 2003 addressed assessment in all required development domains for the IFSP. During on-site visits follow-up conversations were held with individual services coordinators to assist in identifying child and family concerns and needs.

Regional special education meetings were held statewide to discuss the revised Head Start MOA with all Head Start and LEA stakeholders. Presentation on the content was followed by an informal question and answer period about aspects of the MOA agreement such as evaluation and eligibility procedures.

During the spring and fall of 2002, PDM core teams from the 29 planning regions completed follow-up all-day training. Many planning region teams offered training on evaluation and assessment conducted by core PDM team members. Web forums and conference calls provided staff input to the state and provided contact with facilitators on a quarterly basis. The Spring annual state conference offered sessions on evaluation and assessment in natural environments.

4. Projected Targets: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going)

- Review quarterly reports submitted from the local planning region teams to the Early Childhood Interagency Coordinating Council (ECICC) Gaps and Barriers Committee. This pilot project provided a process for communication about gaps and barriers between state, regional and local entities.
- Provide training on evaluation and assessment to services coordinators and service providers.
- Provide staff development on the Asset Based Content Matrix for use as a functional assessment tool with families and practitioners at regional and statewide trainings.
- Analyze data from local LEA family, practitioner, and administrator surveys to identify perceptual information on whether evaluations and assessments lead to identification of all child needs.
- Analyze surveys from the Personal Development Support (PDS) Model project.

5. Future Activities to Achieve Projected Targets/Results: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going)

- Revisions to Rule 51, when signed by the Governor, will necessitate training on evaluation and assessment in all 5 developmental domains.
- Review IFSP files in 1/3 of the state. The state will be getting information from surveys and data as local school districts and Planning Region Teams will be at various stages of the ILCD process.
- Gather information from the 29 core PDFI teams to learn what challenges and successes they have incurred over the past three years since the first team training was held.
- Send out PDFI questionnaires and analyze the returns. The data and information will be shared with all early intervention and 619 stakeholders by Fall 2004.

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- Review data from the PDS model project to identify if child's needs are identified through contextually based evaluation and assessments.

6. Projected Timelines and Resources: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going)

- The Governor is expected to sign the revised Rule 51 document by September of 2004.
- The state will have reviewed IFSP files for evaluation and assessment in 1/3 of the state by September of 2004 and have data from the Identification process.
- A summer institute will be held June 13 and 14, 2004, to bring together all 29 of the core PDFI teams.

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Cluster Area CIV: Early Intervention Services in Natural Environments–CE.III

Question: Are early intervention services provided in natural environments meeting the unique needs of eligible infants and toddlers and their families?

Probes:

- CE.I Do all families have access to a Service Coordinator that facilitates ongoing, timely early intervention services in natural environments?
- CE.II Does the timely evaluation and assessment of child and family needs lead to identification of all child needs, and the family needs related to enhancing the development of the child?
- CE.III Do IFSPs include all the services necessary to meet the identified needs of the child and family? Are all the services identified on IFSPs provided?**
- CE.IV Are children receiving services primarily in natural environments? If not, do children have IFSPs that justify why services are not provided in natural environments?
- CE.V What percentage of children, participating in the Part C program, demonstrates improved and sustained functional abilities? (Cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development.)

State Goal: (for reporting period July 1, 2003 through June 30, 2004):

The Early Development Network provides early intervention services in natural environments to meet the unique needs of eligible infants and toddlers and their families.

Performance Indicator(s): (for reporting period July 1, 2003 through June 30, 2004):

Children are receiving all services necessary to meet the identified needs of the child and family. All services identified on the IFSP are provided.

1. Baseline/Trend Data: (for reporting period July 1, 2003 through June 30, 2004)

Westat surveys for families, planning region teams, and service providers/services coordinators were distributed and analyzed in 2003. The surveys were designed around the five OSEP cluster areas of general supervision, child find, family centered services, natural environments, and transition. Westat assisted in the analysis of the data obtained from the three surveys as described in the following narrative. *Because data is considered reliable for three years, the information gathered from these surveys will continue to be used for this reporting period.*

Families generally felt services cover all of the child's needs (79%); they were satisfied with the early intervention services they and their child were receiving (89%); and they were getting services listed on their IFSP (86%). It should be noted that the *Family Survey* did not provide data on the specific needs that are not being met.

Eighty-two percent of families strongly agreed they are given information about all services available to them, while 14.8% strongly disagreed, 3.3% did not know, and none indicated the item did not apply. Parents strongly agreed they are invited to be actively involved in determining appropriate services for their children and families (93.2%), while 5.2% strongly disagreed, 1.6% did not know, and none indicated the item did not apply.

Service providers and coordinators strongly agreed that information and services are provided within the families' communities (85.8%), there is access to a diversity of services (76.1%), and all services

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are provided year-around at the same regularity (82.2%). However, there was less agreement that children placed by the district in out-of district-placements receive appropriate early development services (43.3%).

In surveys conducted for the State Self Assessment, out of 386 respondents, 352 (91.2%) said "yes", and 11 (0.03%) replied "no", that they were getting the services listed in their Individualized Family Service Plan (IFSP). Twenty-three respondents (56%) did not respond to the question.

Based on the target monitoring of the 113 infants and toddlers with medically complex conditions receiving early intervention services, 74% of the files reviewed included the services necessary to meet the needs of the child and family.

2. Targets: (for reporting period July 1, 2003 through June 30, 2004)

- Professional development was provided to Part B special education staff to familiarize them with philosophy and regulations for Part C. Individual training was provided for monitoring the IFSP files and each staff completed an inter-rater reliability IFSP checklist.
- The results of surveys and the new monitoring process were presented at Special Education Student Information System (SEIS) data manager quarterly meetings, the Fall 2003 regional special education workshop, the Annual Spring Early Childhood state conference, and the Fall 2003 Planning Region Teams Retreat.
- Professional staff development on Asset Based Context Matrix, which is a functional assessment tool for parents and practitioners in early childhood and family support programs, was held in June of 2004. Using a functional assessment tool with parents can help to better identify the necessary services for the child and family.
- IFSP files reviews were conducted in five planning regions during this reporting period.
- LEAs obtained survey data from families, providers/services coordinators, and planning region team members in the five regions where IFSP files reviews were completed.

3. Explanation of Progress or Slippage: (for reporting period July 1, 2003 through June 30, 2004)

The CONNECT system (Coordination Options in Nebraska's Network through Effective Communications and Technology) is able to help services coordinators coordinate services across agency lines. The Service Need section of the CONNECT system tracks the services the services coordinator referred the family to, what services the family is receiving and what services the family declined. The Service Need section is updated every 6 months, or more often depending on the review of the IFSP. The CONNECT system shows that services on the IFSP are being provided.

The Westat surveys show that families agree that services cover their child's needs and that they are getting the services listed on the IFSP.

4. Projected Targets: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going)

- Information from IFSP file reviews and surveys conducted in eleven of the 29 planning regions will be analyzed to determine if services necessary to meet the identified needs of the child and family were provided.

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- Building capacity for professional development for services providers and services coordinators will be coordinated statewide and regionally working collaboratively with Head Start grantees, the Early Childhood Training Center, Educational Services Units, and PTI-Nebraska.

5. Future Activities to Achieve Projected Targets/Results: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going)

- IFSP file reviews will be conducted in a total of 11 planning regions.
- Surveys for families, providers/services coordinators, and planning region team members will be completed in eleven of the 29 planning regions.
- ABC Matrix regional trainings will be conducted with providers and services coordinators.

6. Projected Timelines and Resources: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going)

- File reviews will be completed by the co-lead agencies in collaboration with the Educational Service Units (ESUs) and planning region teams (PRTs) schedule during the next reporting period.
- The three Part C surveys will be scored by ESU scoring sites for individual school districts or PRTs within the next reporting period.
- CSPD funds will support statewide and regional training for providers, families and services coordinators.

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Cluster Area CIV: Early Intervention Services in Natural Environments–CE.IV

Question: Are early intervention services provided in natural environments meeting the unique needs of eligible infants and toddlers and their families?

Probes:

- CE.I Do all families have access to a Service Coordinator that facilitates ongoing, timely early intervention services in natural environments?
- CE.II Does the timely evaluation and assessment of child and family needs lead to identification of all child needs, and the family needs related to enhancing the development of the child?
- CE.III Do IFSPs include all the services necessary to meet the identified needs of the child and family? Are all the services identified on IFSPs provided?
- CE.IV Are children receiving services primarily in natural environments? If not, do children have IFSPs that justify why services are not provided in natural environments?**
- CE.V What percentage of children, participating in the Part C program, demonstrates improved and sustained functional abilities? (Cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development.)

State Goal: (for reporting period July 1, 2003 through June 30, 2004):

The Early Development Network provides early intervention services in natural environments to meet the unique needs of eligible infants and toddlers and their families.

Performance Indicator(s): (for reporting period July 1, 2003 through June 30, 2004):

All children receive services in natural environments and if not, a justification is provided as to why services are not being provided in a natural environment.

1. Baseline/Trend Data: (for reporting period July 1, 2003 through June 30, 2004)

The Special Education Student Information System (SESIS) report from 2003 showed that most children with disabilities ages birth to three in Nebraska received services in natural environments as shown in Table 1.

Table 1–CIV:CE.IV

Settings for Services for Children with Disabilities Ages Birth to Three

PROGRAM SETTING:	NUMBER OF CHILDREN
Programs for children with developmental delay or disabilities	203
Programs for typically developing children	105
Home	944
Hospital	4
Residential facility	1
Service provider location	0
Other setting	3
Total Number of Children	1260

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Because Nebraska is a birth mandate state and many of the services providers work with children birth to five and their families, professional development in the areas services and supports in natural and least restrictive environments has been conducted collaboratively by the Part C and 619 programs.

The Westat surveys for families, planning region teams (PRTs), and service providers/services coordinators were distributed and analyzed in 2003. The surveys were designed around the five OSEP cluster areas of general supervision, child find, family centered services, natural environments, and transition. Westat assisted in the analysis of the data obtained from the three surveys as described in the following narrative and tables. *Because data is considered reliable for three years, the information gathered from these surveys will continue to be used for this reporting period.*

Planning Region Teams Survey Results

Item 13 of the PRT survey was: "Children receive services in home or community-based settings." Agreement with this item among PRT members was very high (93.5%), suggesting that most children do receive services in the home or community. These responses are consistent with the settings data reported by Nebraska to OSEP that was published in the 23rd *Annual Report to Congress*. These data indicate that most children in Nebraska (78%) receive early intervention services primarily in homes.

Item 14 of the PRT survey had the lowest agreement (78.0%) and highest disagreement (15.5%) in this cluster. The item was: "Children receive services in programs designed for typically developing peers when appropriate."

Service Providers/Service Coordinators Survey Results

Item 13 of the service providers/service coordinators survey was: "Children receive services in home or community based settings and program design." Agreement was very high (95.3%) for this item, suggesting that most children do receive services in the home or community. This is consistent with the settings data provided by Nebraska and reported in the 23rd *Annual Report to Congress* (U.S. Department of Education, 2001). Most children in Nebraska (approximately 78%) receive early intervention services at home.

Item 14 stated: "Children receive services in programs designed for typically developing peers when appropriate." Agreement was not as high for this item (81.8%), with 13.8% of providers disagreeing with this statement. Region did not seem to be a factor in responses to item 14, with agreement ranging from 76.3% to 79.7%. Those answering "I do not know" to this item, regarding children receiving services designed for typically developing peers, ranged from 3.2% to 7.1%.

Service providers and coordinators strongly agreed that services are provided within the families' communities (85.8%), there is access to a diversity of services (76.1%), and all services are provided year-around at the same regularity (82.2%).

Family Survey Results

Westat analyzed families' responses to Item 22: "My child receives services with children without disabilities of the same age." Because more than half of the families indicated that the statement does not apply to them, this question was not analyzed for disagree and agree responses. Instead, groups were identified that were the most likely to indicate that the statement about receiving services with children without disabilities does not apply to them. Those most likely to indicate that the statement does not apply were families with the youngest children. A total of 71.67 percent of families with children from birth to 12 months old indicated that the statement does not apply to them, compared to 28.57 percent of families with children older than 36 months.

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It is possible that families with very young children simply do not expect interaction with other children because their children are not able to interact with their peers at this age. For example, a 2-month-old is less able to interact with peers than a 36-month-old. For this reason, parents of younger children may have been more likely to say that the statement does not apply to them. The low agreement with this question may be attributed to the fact that interaction with peers is not a concept that is as applicable to infants as it is to older children. In addition, it may reflect the fact that more than 70 percent of children in early intervention in Nebraska are served in the home, a natural environment for infants and toddlers. The responses are shown in Table 2.

Table 2–CIV:CE.IV

Family Responses to Receiving Services in Natural Environments

SURVEY ITEM:	STRONGLY AGREE/ AGREE	STRONGLY DISAGREE/ DISAGREE	I DO NOT KNOW	DOES NOT APPLY	NO ANSWER
My child receives services at home or other places in our community. (Item 20)	89.77% (N = 395)	2.50% (N = 11)	0.23% (N = 1)	7.27% (N = 32)	0.23% (N = 1)
My child receives services with children without disabilities of the same age. (Item 22)	23.41% (N = 103)	16.14% (N = 71)	7.50% (N = 33)	51.59% (N = 227)	1.36% (N = 6)

2. Targets: (for reporting period July 1, 2003 through June 30, 2004)

Special Education Student Information System (SESIS) data collected on December 1, 2003 indicated that 83% of infants and toddlers were served in natural environments.

A summer institute was held for all 29 Natural and Least Restricted Environments Personal Development Support (PDS) core teams to review work from the past three years and plan for next steps in local support of service delivery in natural environments. Quarterly conference calls were held with PDS team members to review progress of service delivery and supports in natural and least restricted environments.

IFSP files reviews were conducted by the co-lead agencies in five planning region areas during this reporting period. LEAs obtained survey data from families, providers/services coordinators, and planning region team members in the five regions where IFSP file reviews were completed.

3. Explanation of Progress or Slippage: (for reporting period July 1, 2003 through June 30, 2004)

Information gathered through SESIS and statewide surveys showed there was no slippage in services provided in natural environments.

Services providers have been part of a three year Natural and Least Restricted Environments Personal Development Support (PDS) Model Project co-directed by Dathan Rush and M'Lisa Sheldon of the Orelena Hawks Puckett Institute for the Part C and 619 programs. Partnerships with Part C and 619 programs are facilitated because many of the service providers work with the same children, ages birth to five, and their families. This training has supported systems change in creating a comprehensive, statewide system for evidence-based technical assistance to support learning in natural and least restrictive environments.

Nebraska has provided funding for 26 grants to support school and community-based organizations to work together to provide high quality early childhood education programs for infants and young

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children that include family involvement. These grants support integrated early childhood programs within communities. Rule 11 is the Nebraska administrative code regulating inclusive early childhood education programs. Local school districts are continuing to work to integrate preschool programs.

Due to the small number of grants to support community based programs, many school districts have worked in partnership with Head Start and community child care programs to form inclusive early childhood programs for children birth to five. This systems change involves a joint effort with professional development, family involvement, administrative support and state level technical assistance to be successful.

4. Projected Targets: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going)

- Strive to increase to 100% the number of infants and toddlers receiving services and supports in the home, community settings, or inclusive child care programs.
- The continuation of professional development and training opportunities service providers and services coordinators will be conducted to support services in natural environments. Master coaches will be available to assist with local PDS teams as requested.
- Data will be reviewed and analyzed from the Part C surveys and IFSP documents to determine if services and supports are being provided in natural environments.

5. Future Activities to Achieve Projected Targets/Results: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going)

- The co-lead agencies will continue the monitoring of IFSP files in seven planning regions. Part C surveys will be gathered from families, service providers/services coordinators, and planning Region team members from the regions in which IFSP file reviews are conducted.
- The PDS core teams will be provided technical assistance at the state level. Master coaches will be trained to provide assistance locally to PDS teams to support service providers on IFSP teams.
- Data will be reviewed from (PDS) model questionnaires from families, service providers, services coordinators, and administrators to determine the impact the model had on supporting young children with disabilities and their families in natural and least restrictive environments.

6. Projected Timelines and Resources: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going):

- IFSP file reviews and surveys information will be gathered during the next reporting period in the following Planning Region areas: Ainsworth, Milford, Beatrice, Auburn, Lincoln, Hastings, and sections for Rural Omaha.
- A summer institute will be supported by the state in June 2005 for PDS core team members (service providers and services coordinators) and master coaches. Quarterly conferences will be conducted with PDS core teams and master coaches.

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Cluster Area CIV: Early Intervention Services in Natural Environments–CE. V

Question: Are early intervention services provided in natural environments meeting the unique needs of eligible infants and toddlers and their families?

Probes:

- CE.I Do all families have access to a Service Coordinator that facilitates ongoing, timely early intervention services in natural environments?
- CE.II Does the timely evaluation and assessment of child and family needs lead to identification of all child needs, and the family needs related to enhancing the development of the child?
- CE.III Do IFSPs include all the services necessary to meet the identified needs of the child and family? Are all the services identified on IFSPs provided?
- CE.IV Are children receiving services primarily in natural environments? If not, do children have IFSPs that justify why services are not provided in natural environments?
- CE.V What percentage of children, participating in the Part C program, demonstrates improved and sustained functional abilities? (Cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development.)**

State Goal: (for reporting period July 1, 2003 through June 30, 2004):

The Early Development Network provides early intervention services in natural environments to meet the unique needs of eligible infants and toddlers and their families.

Performance Indicator(s): (for reporting period July 1, 2003 through June 30, 2004):

Children participating in Part C programs demonstrate improved and sustained functional abilities.

1. Baseline/Trend Data: (for reporting period July 1, 2003 through June 30, 2004)

Westat surveys for families, planning region teams, and service providers/services coordinators were distributed and analyzed in 2003. The surveys were designed around the five OSEP cluster areas of general supervision, child find, family centered services, natural environments, and transition. Westat assisted in the analysis of the data obtained from the three surveys as described in the following narrative. *Because data is considered reliable for three years, the information gathered from these surveys will continue to be used for this reporting period.*

Family Survey Results

The fourth indicator in this cluster was: "What percentage of children participating in the Part C program demonstrate improved and sustained functional abilities?" Item 29 on the family survey addressed this indicator. Agreement was slightly lower than 85 percent on this item (81.82%), but disagreement was not strikingly high (5.91%). There were no apparent differences in families' responses to this item based on child's age, disability, or the region of the state in which the family receives services.

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Planning Region Team Survey Results

The results from the planning region team surveys showed high agreement (87.6%) with Item 21: "Children receiving early development services demonstrate improved and sustained functional abilities."

Service Providers/Services Coordinators Survey Results

The last item in the early intervention services cluster was Item 22: "Children receiving early development services demonstrate improved and sustained functional abilities." This item had very high agreement (92.0%) with low disagreement by service providers/services coordinators.

Service providers and coordinators strongly agreed that services are provided within the families' communities (85.8%), there is access to a diversity of services (76.1%), and all services are provided year-around at the same regularity (82.2%).

2. Targets: (for reporting period July 1, 2003 through June 30, 2004)

Professional staff development on Asset Based Context (ABC) Matrix was held at the Summer Institute in June of 2004, which was attended by services providers, services coordinators and a few administrators. The ABC Matrix is a functional assessment tool for parents and practitioners in early childhood support programs to identify existing and potential learning opportunities and activities for children birth to five.

Part C Co-lead agency staff has participated in the Early Childhood Outcomes (ECO) Center 's teleconference presentations on collecting data for family and child outcomes. Staff also participated in the February 2005, OSEP National Early Childhood Conference pre-conference on approaches to Measurement and Evidence Statements with Lynn Kahn and Donna Spiker. Information from the ECO Center and the conference has been shared with the State ICC. The Nebraska Family Partner, Mark Smith, participated in the advisory group developing the family outcomes.

Nebraska brought a state work group together which include early childhood, Head Start, Even Start, Part C and 619 programs to work towards developing a state outcome measurement system. Lynn Kahn and Sharon Ringwald from NECTAC were contracted to facilitate a two-day work session. The first day was with state level workers and the next day was targeted at direct service providers and administrators across the state.

IFSP files were reviewed and surveys were sent out in five planning region areas. The analysis of the data will help determine if children participating in the Part C program were demonstrating improved and sustained functional abilities.

3. Explanation of Progress or Slippage: (for reporting period July 1, 2003 through June 30, 2004)

Surveys indicate there is high agreement among planning region teams, service providers/services coordinators, and families that children who have participated in early intervention have made progress. In addition, the review of IFSP files shows that more measurable functional outcomes are being developed. Although perceptual data is available, the question that remains after monitoring IFSP files is, "How will outcomes be measured?" A measurement outcome system needs to be developed to determine if infants and toddlers are showing improved and sustained functional abilities after participating in Part C programs.

During this reporting period service providers and services coordinators were introduced to the ABC Matrix. This is a functional assessment, which supports measurable functional outcomes.

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4. Projected Targets: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going)

- Staying current with the developing information from the ECO Center on evidence-based research on measuring family and child outcomes.
- Continue to determine if children participating in Part C programs show improved and sustained functional abilities.
- Begin to develop a state outcome measurement plan for birth to five for family and child outcomes.

5. Future Activities to Achieve Projected Targets/Results: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going)

- Continue to participate in on-line and conference call presentations through the ECO Center's website.
- Gather data from IFSP files and Part C surveys, which will be reviewed and analyzed to determine if children participating in Part C programs demonstrate improved and sustained functional abilities.
- Part C and 619 Program staff will work as a team on developing a plan birth to five on measurement of family and child outcomes.

6. Projected Timelines and Resources: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going)

- Send a team from Part C and 619 Program to the Outcomes conference Salt Lake in April 2005, to work on developing a plan birth to five on measurement of family and child outcomes.
- IFSP file reviews and surveys information will be gathered during the next reporting period in the following planning region areas: Ainsworth, Milford, Beatrice, Auburn, Lincoln, Hastings, and sections for Rural Omaha.

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Cluster Area CV: Early Childhood Transition	
Question:	Do all children exiting Part C receive the transition planning necessary to support the child's transition to preschool and other appropriate community services by their third birthday?
State Goal: (for reporting period July 1, 2003 through June 30, 2004):	
All children exiting Part C receive the transition planning necessary to support the child's transition to preschool and other appropriate community services by their third birthday.	
Performance Indicator(s): (for reporting period July 1, 2003 through June 30, 2004):	
Transition planning occurs for all children with an IFSP at least 90 days prior to their third birthday or by August 31, of their third birthday.	

1. Baseline/Trend Data: (for reporting period July 1, 20023 through June 30, 2004):

Due to Part C and 619 having the same eligibility criteria, children needing services for early intervention remain eligible for the same services when they reach age three unless they have met all of the functional outcomes on their IFSP. Also, most service providers work with children birth to age five, which also helps support a seamless transition from Part C to Part B services. Data from the Special Education Student Information System (SESIS) Report on Infants and Toddlers Exiting Part C programs is shown in Table 1.

Table 1-CV
SESIS 2003-2004 Report on Infants and Toddlers Exiting Part C Programs

REASONS FOR EXITING PART C:	NUMBER OF CHILDREN
Completion of IFSP prior to reaching maximum age for Part C	8
Part B Eligible	620
Not eligible for Part C, exit to other programs	0
Part B eligibility not determined at this date	90
Not eligible for part B, exit with no referrals	0
Deceased	2
Withdrawal by parent	5
Moved out of state	0
Total number of infants and toddlers exiting Part C	725

The Partners for Children and Families Interagency Memorandum of Agreement (MOA) between local Head Start and local education associations (LEAs) strive to promote programs to work together as a team to share responsibilities and support the families' full and equal participation in team decision-making. Nebraska chose to include Part C in the MOA rather than keeping within the traditional confines of 619 preschool programs and Head Start. Beginning in April 2002, a revised state MOA was used by the local interagency coordination council as a vehicle for creating a successful

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community partnership. Along with LEAs, Head Start, and Early Head Start, the Memorandum of Agreement also includes educational service units, special education cooperatives, and American Indian and Migrant Head Start programs. Part of the MOA is the mutually agreed upon role and responsibilities for transition from Part C to 619.

In 2003, surveys were conducted for the Nebraska State Self Assessment. The surveys were sent to families, planning region team members, and service providers/services coordinators. *Because data is considered reliable for three years, the information from these surveys will continue to be used for this reporting period.*

Family Survey Results

Only 41.83 percent of families agreed that they had spoken to early intervention staff about what would happen when they left the program. Disagreement was relatively high (29.54%).

Region of the state in which the family received services appeared to be related to families' responses to this item. Families in Western Nebraska were the least likely to agree that they have talked with staff about what will happen when they leave early intervention services. Only 17.50 percent of families in Western Nebraska agreed that they have talked about what will happen when they leave the program. In other regions, agreement was much higher (ranging from 39.10 to 51.87 percent).

Age also appeared to be related to families' responses to this item. Families with children ages 13 through 24 months old were the least likely to agree that they have talked with staff about leaving early intervention (31.10%). Families of children at other ages were more likely to agree (ranging from 40.00% to 47.25%). It is possible that families with children ages 13 to 24 months have begun to think about leaving the program, but feel that they have not yet received sufficient information about this transition.

In addition, families of children with OHI may also need more information about transition. Families of children with OHI were the most likely to disagree with this statement. Almost half of the families of children with OHI (45.76%) disagreed. Families of children with other disabilities were less likely to disagree (ranging from 23.38% to 30.47%).

Planning Region Team Survey Results

Item 23 had a slightly lower level of agreement in the Planning Region Team (PRT) survey. The item was: "Children and their families are provided a seamless transition process." Only 71.5% of PRT members believe that the transition process is seamless, while 16.1% disagree. Item 24 had the lowest level of agreement in this cluster and the highest response in the "I do not know" category. Item 24 was: "Families are prepared to coordinate their own services at the time when their child is no longer eligible for the Early Development Network." Only 58.0% of respondents agreed, while 25.4% disagreed. For this item, "I do not know," was selected by a relatively high 13.5% of PRT members.

For Item 23, a statement about a seamless transition process, eastern Nebraska had the highest level of agreement rate (79.6%), while other regions ranged from 62.5% to 71.5%. eastern Nebraska again had the highest agreement (68.8%) with item 24 in regard to families being prepared to coordinate their own services when their child is no longer eligible for service. Agreement among PRT members from other regions ranged from 52.5% to 55.4% with this item.

Service Providers/Services Coordinators Survey Results

The item stated: "Children and their families are provided a seamless transition process." Only 74.8% of providers believe that the transition process is seamless, while 15.5% disagree. Item 25

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had the lowest agreement in this cluster and the highest response in the “I do not know” category. Item 25 states “Families are prepared to coordinate their own services at the time when their child is no longer eligible for Early Development Network services.” Only 56.4% of providers agreed that families were prepared to coordinate their own services when their child left the program, while the level of disagreement was (21.0%). “I do not know” was selected by 19.5% of the respondents for this item.

Region made no difference in agreement with items 11 and 12. In further analysis of item 23, however, providers in central Nebraska were more likely to report that they did not know if the transition process was seamless (16.3%). The percentage of “I do not know” responses in other regions ranged from 4.6 to 5.8%. Westat also conducted further analysis of responses to item 25. Providers in the Lincoln/Omaha/Omaha Metro region were the least likely to agree that families were prepared to coordinate services for themselves when they leave early intervention services; however, differences across regions were small (ranging from 52.3 to 61.1%).

2. Targets: (for reporting period July 1, 2003 through June 30, 2004)

Data presentations to explain the revised exit data fields were given to the Special Education Advisory Council (SEAC), the ECICC Gaps and Barriers Committee (state ICC), state special education directors and the 29 state planning region teams. The Special Education Student Information System (SESIS) data collection was revised to provide baseline data for FY 2003 APR. Technical assistance and training to service providers/coordinators, school districts and planning region teams have been provided through on site visits and file reviews.

3. Explanation of Progress or Slippage: (for reporting period July 1, 2003 through June 30, 2004)

During this reporting period, the SESIS was revised and refined in an effort to establish accurate baseline data for 2004. This change enabled us to meet federal requirements of providing baseline data regarding children existing Part C. In addition, the SESIS data manager provided technical assistance and training for completion of the transition data field. A question that remains after refining the system is why schools are still reporting 90 students in the category of “Part B eligibility not determined”. Since the eligibility criteria remains the same for both Part C and Part B reporting 90 children in this category seems to be an error. This is an area for continued exploration.

4. Projected Targets: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going)

- Refinement of the Special Education Student Information System to develop accurate data collection especially as it relates to the number of children included in the category of “Part B eligibility not determined.”
- Integration of the Part C program into the Student Record System (SRS) project (file review) developed collaboratively with ESU 1 to ensure a seamless transition from Part C to Part B services.
- Provision of IFSP file reviews to look at transition plans noting timelines and determination of services.

5. Future Activities to Achieve Projected Targets/Results: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going)

- Provision of staff development and training opportunities for staff and parents regarding the requirements for a seamless transition from Part C to Part B services.
- Analyze accurate reporting of children within the category of “Part B eligibility not determined.”

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- Continued efforts to include Part C forms in the ESU 1 SRS system and the provision of training on the use of that system.
- Analysis of data of transition plans from IFSP file reviews during the next reporting period.

6. Projected Timelines and Resources: (for NEXT reporting period July 1, 2004 through June 30, 2005 and on going):

- Regional special education workshops will be in the fall of 2005 and include training on transition.
- The Annual Early Childhood State Conference is in the spring of 2005 and will include training on working on transition between Part C and Part B.
- The Early Childhood Training Center will provide training to planning region teams about transition between Parts C and B.
- File review monitoring will focus on processes for transition.

Part C ATTACHMENT 1
Cluster Area I: General Supervision
Dispute Resolution – Complaints, Mediations, and Due Process Hearings Baseline/Trend Data

(Place explanations to Ia, Ib, and Ic on the Table, Cluster Area I, *General Supervision*, Cell I, *Baseline/Trend Data*)

Ia: Formal Complaints								
(1) July 1, 2003 - June 30, 2004	(2) Number of Complaints	(3) Number of Complaints with Findings	(4) Number of Complaints with No Findings	(5) Number of Complaints not investigated –Withdrawn or No Jurisdiction	(6) Number of Complaints Set Aside Because Same Issues being Addressed in a Due Process Hearing	(7) Number of Complaints with Decisions Issued within 60 Calendar Days	(8) Number of Complaints Resolved beyond 60 Calendar Days, with a Documented Extension	(9) Number of Complaints Pending as of: ____/____/____ (enter closing date for dispositions)
TOTALS	0							

Ib: Mediations					
(1) July 1, 2003 - June 30, 2004	Number of Mediations		Number of Mediation Agreements		(6) Number of Mediations Pending as of: ____/____/____ (enter closing date for dispositions)
	(2) Not Related to Hearing Requests	(3) Related to Hearing Requests	(4) Not Related to Hearing Requests	(5) Related to Hearing Requests	
TOTALS	0				

Ic: Due Process Hearings					
(1) July 1, 2003 - June 30, 2004	(2) Number of Hearing Requests	(3) Number of Hearings Held (fully adjudicated)	(4) Number of Decisions Issued within Hearing Timeline (45 days if Part B procedures under 34 CFR §303.420(a) are adopted; 30 days if Part C procedures under 34 CFR §303.420(b) are established)	(5) Number of Decisions within Timeline Extended under 34 CFR §300.511(c) ¹	(6) Number of Hearings Pending as of: ____/____/____ (enter closing date for dispositions)
TOTALS	0				

¹ The State may not extend the hearing timeline if it elects to establish Part C hearing procedures under 34 CFR §303.420(b).

ATTACHMENT 2
ALL SOURCES OF FUNDING FOR EARLY INTERVENTION SERVICES:
IDENTIFICATION AND COORDINATION OF RESOURCES

Sources and Supports During the Reporting Period²					
Sources of Funding	Amount of Funding	In-Kind Contribution	Services and/or Activities Supported by Each Source	Barriers to Accessing Funds	Comments
Federal Part C	\$2,499,338		See Attachment 2-A		
Federal* (Specify)					
Federal Part B	\$6,588,046		All services provided by schools including assessments and evaluation, PT, OT, Speech, Teachers and Paraprofessionals		
Head Start State Collaboration	\$125,000	\$41,250 (State Match)	One of eight priority areas includes services to children with special needs.	None. Governor appoints placement.	Housed in Nebraska Department of Education.
Early Head Start (Federal to Local funds)	\$4,642,215	Local Match 20%	There were 467 or 13% children in Head Start with disabilities.		
State* (Specify)					
Early Childhood Training Center	\$65,000				
Local* (Specify)					
Private Insurance, Fees					
Other(s) Non-Federal (specify)					
Total Early Intervention Support					

² When completing this table refer to the General Instructions.

* Be sure to include all sources of Federal, State, and/or local programs, including: Maternal & Child Health (Title V), Medicaid, Developmental Disabilities, Head Start, TriCare, Part B, etc.

ATTACHMENT 2-A

**ALL SOURCES OF FUNDING FOR INTERVENTION SERVICES:
IDENTIFICATION AND COORDINATION OF RESOURCES**

NEBRASKA EARLY INTERVENTION SERVICES/FUNDING

Key:

AT	Assistive technology	PT	Physical therapy services
Aud	Audiological services	Psy	Psychological services
FTC	Family training, counseling and home visits	SC	Service coordination
Hea	Health services	SI	Special Instruction/Developmental Therapy
Med	Medical services for diagnostic purposes	SpL	Speech/Language therapy
NSG	Nursing services	Tra	Transportation
Nut	Nutrition services	Vis	Vision services
OT	Occupational therapy services	Oth*	Other (please define at bottom of grid)

State Fund Source	AT	Aud	FTC	Hea	Med	Nsg	Nut	OT	PT	Psy	SC	SI	Spl	Tra	Vis	Oth*
Medicaid (EPSDT)			X	X	X	X	X	X	X	X	X		X	X		
MCH (Title V)						X	X									
SSI-Disabled Children's Program			X											X		
Social Service Block Grant (Title XX)			X											X		
Special Education Funds	X	X	X	X	X	X		X	X	X		X	X	X	X	
Medically Handicapped Children's Program	X	X	X	X	X	X	X	X	X				X		X	
Mental Health and Substance Abuse Regions			X							X						
Home and Community-Based Waivers	X		X	X		X	X							X		
Private Insurance			X	X	X	X										
Child Protective Services			X													
Early Head Start			X			X										
Deaf/Blind Project		X													X	
Early Childhood Training Center			X													
Waiver (Payment)			X							X						
Sliding Fee			X							X						
SNAP Nurses			X			X										
Public Health			X			X										
Health and Human Services											X					
Disabled Persons and Family Support														X		